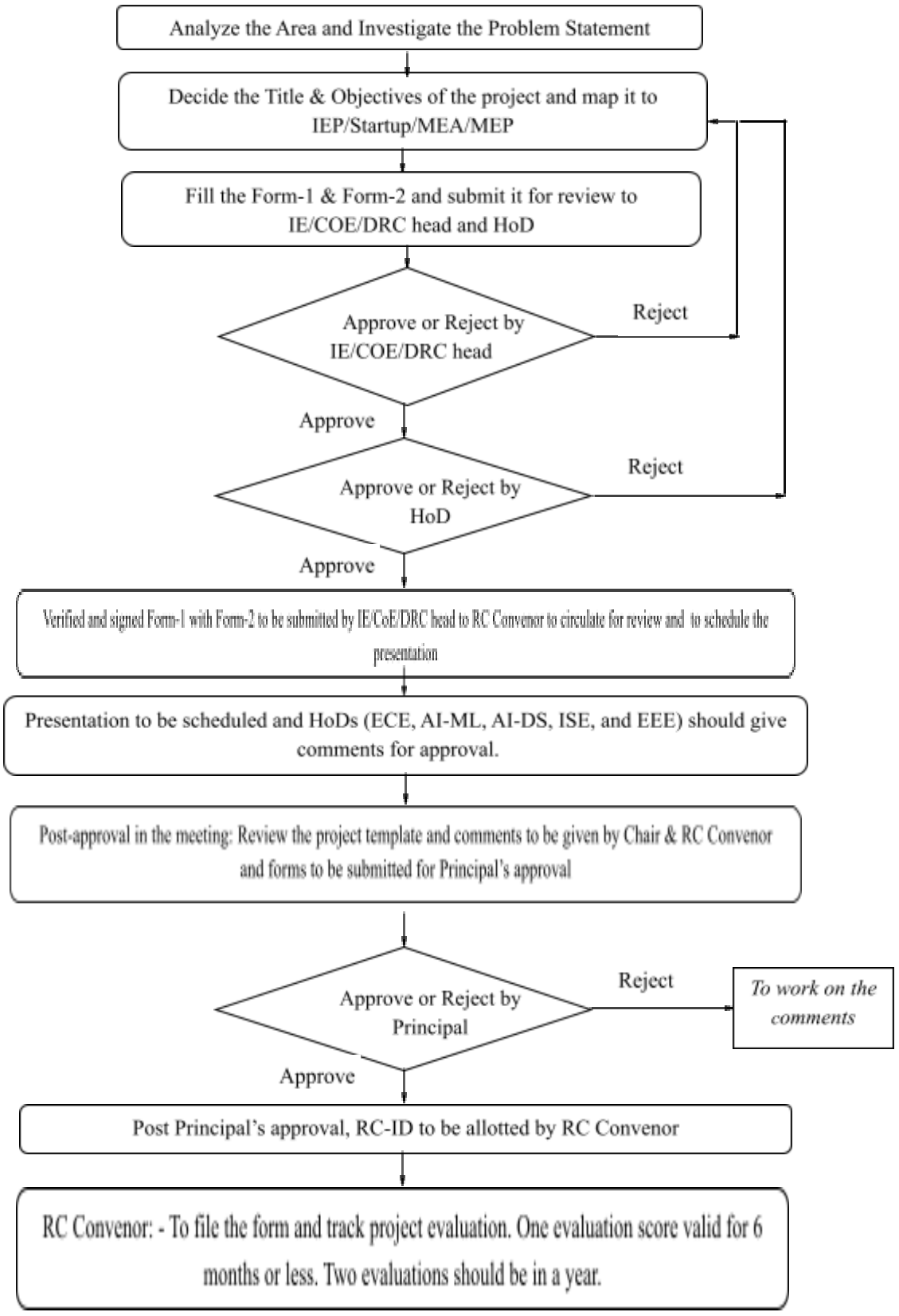
CMR INSTITUTE OF TECHNOLOGY

IEP/STARTUP/MEA/MEP PROJECT APPROVAL PROCESS

CMR Institute of Technology

#132, AECS Layout, IT Park Road, Bengaluru – 37
www.cmrit.ac.in

Process of Approval



Note:

- *Project/startup should be presented and approved only if the project is innovative/startup challenge, technology challenge and deployment challenge in the proposed IEP, startup, MEA and MEP respectively*
- *IE/COE/DRC head and HoD should review the project and the two forms. If they are fine with details, they should sign Form-1 and send both forms to Associate Director-Academics for further action.*

***IEP-** Innovation & Entrepreneurship Project, **MEA**- Mega Application, **MEP**-Mega Project*

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Affiliated to VTU, Approved by AICTE, Accredited by NAAC with "A++" Grade

ITPL main road, Brookfield, Bangalore - 560 037, Karnataka, India.

Pre-Screening Project Form (Form-1)

Title of the Project				
Project Type*	**IEP** ☐ *(I&E Meeting)*	**Startup** ☐ *(I&E Meeting)*	**MEA** ☐ *(CoE Meeting)*	**MEP** ☐ *(RC Meeting)*
Name (s)			**Department**	
1. 2. 3.				
Mention the Challenges**				
Plan for commercialization				
Verifier-1 Name and Comments *(I&E/CoE/DRC head)*				
Verifier-2 Name and Comments *(Head of Department)*				

Signature by
(I&E/CoE/DRC head)

Date:

Signature by
(Head of Department)

Date:

Project Type*

IEP: Innovation – to move towards patents grant and startups

MEA: Technology transfer or startup

MEP: Existing technology/deployment – to move towards consultancy or startup

*****Challenges***

Describe why the project is an Innovative challenge, startup challenge, Technology challenge and Deployment challenge in the proposed IEP, startup, MEA and MEP respectively.

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IEP/STARTUP/MEA/MEP PROJECT PROPOSAL FORM *(Form -2)*

1) Title of the Project	
2) Problem Statement and Objectives	
3) Possible Solution	
4) Features	
5) Specifications	
6) Market analysis	
7) Competitive Differentiator	.
8) Cost Structure and Revenue (If Applicable)	
9) Stages of the solution	

10) Effort Estimation

Key activities	Estimated Efforts	Remarks
Total Effort		

11) Team Members(Minimum:02, Effort/Staff = 0.5 man-months per year)

Name	Key Strengths	Key Responsibilities

12) Milestones

Duration (one year)	Planned Activities	Members Assigned

13) Information to achieve Exit criteria :

Approved : Yes/No

Remarks:

Date: **Principal**