Application Form for Registration of Business Pod

Principal Applicant Details

Principal Applicant Name *(as per MyKad / Passport)*	
Principal Applicant ID Number *(MyKad / Passport No)*	
Staff ID	
Faculty / Institute	

Co-Applicant(s) Details

Name *(as per MyKad / Passport)*	ID Number *(MyKad / Passport ID)*
Co-Applicant 1:	
Co-Applicant 2:	
Co-Applicant 3:	
Co-Applicant 4:	

* Please add more rows if necessary

Business Pod Details

Title of Technology / IP / Service	
Brief Description of the Technology / IP / Service	

Technology Readiness Level (TRL) *Kindly tick only one*		TRL 1 (Basic Principle) *Theoretical research and observations have been made, but no practical applications yet.*
		TRL 2 (Formulation of concept) *The basic concept and potential application are defined, but no experimental proof yet.*
		TRL 3 (Experimental Proof of Concept) *Initial lab tests validate feasibility, but the technology is not yet ready for real-world application.*
		TRL 4 (Lab validation) *A more refined prototype is developed and tested in a laboratory setting.*
		TRL 5 (Validation in real environment) *The technology is tested in an environment similar to real-world conditions (but not fully operational).*
		TRL 6 (Demonstration in real environment) *A prototype is tested in real or near-real conditions, proving it works in a practical setting.*
Primary field of Application *(e.g., Healthcare, IT, Agriculture, Engineering, etc.)*	
Target market / industry	
Potential Impact of the Technology / IP / Service	
Competitors (if any)	
What kind of support / assistance are you seeking for your Business Pod?	

Declaration: I hereby declare that the information provided in this application form is accurate and that I am the rightful creator or co-creator of the technology / IP / service described herein. I also understand that this application does not guarantee acceptance into the UCSI Business Pod program.

Signature: _____ **Date:** _____

Dean/Director Recommendation

☐	Recommended
☐	Request Revision
☐	Not Recommended

Comments:

_____
Name:
Date:

CERVIE Recommendation

☐	Recommended
☐	Request Revision
☐	Not Recommended

Comments:

_____
Name:
Date:

Application Checklist

No	Description	Attached (√)
1	MyIPO IP Certificate (if applicable)	
2	Business Plan (Refer to Appendix 1)	
3	Business Model Canvas (Refer to Appendix 2)	

Appendix 1: Sample Business Plan

Section	Details	Input
1. Executive Summary	Business name, concept, goals, and funding needs	
2. Business Description	Overview of the business, products/services, legal structure	
3. Market Analysis	Industry overview, target market, competitors, competitive advantage	
4. Operations Plan	Location, products/services, technology, staffing plan	
5. Marketing & Sales Strategy	Branding, promotion strategies, pricing, sales plan	
6. Management Team	Key team members, roles, experience	
7. Financial Plan	Startup costs, revenue projections, funding needs	
8. Risk Analysis	Potential risks and mitigation strategies	

Appendix 2: Sample Business Model Canvas

Key partnerships	Key activities		Value propositions	Customer relationships		Customer segments
	Key resources			Channels		

Cost structure	Revenue streams