

MENTORING CLINIC MENTEE REGISTRATION FORM



S. No: _____ (for office purpose only)

Personal Information

First Name (In Capital Letters) _____

Last Name: _____ Age _____

Guardian's Name _____

Address _____

Mobile No. _____ Email ID _____

LinkedIn ID _____

Facebook ID _____

Based in (City) _____

Educational Background _____

Family Background _____

More Information about your Idea/Venture

In broad term please describe your Business Idea / Opportunity. (250 words)

Business / Technology Sector e.g. IT / Healthcare /Pharma / Development Sector / Software Development/ Retail / Energy / Environment / / Consumer Goods / Consumer Services / Financial Services.

What's your plan for following:

1. What consumer pain point is your product / service will be addressing?

2. How your product / service will be different from existing Product / Service in the Market?

3. How will your business make money? Your Revenue Model.

EXPECTATIONS: Please share your expectations with us to enable us to help you in the best possible manner.

What are your expectations from the mentoring session? What help/ guidance are you looking for in particular?

Please mention any specific questions you may have. (Describe in 200 words)

Have you requested and / or received mentoring before? (Yes / No)

Details

How many mentoring session you are looking for? How many times a month?

You are looking specially mentoring support for:

Please Share

Do you require faculty mentoring support?

Do you need mentoring from an Entrepreneur?

Please mention the company venture name along with the team members. Also mention their information. (Like email ID and phone number.)

Please attach presentation of your idea along with the filled in form. (Only 3 slides.)

Slide – 1 – Problem Statement

Slide – 2 – Problem Statement

Slide - 3 – Proposed Solution

Please email filled in form along with the 3 slide presentation at ciie@iihmr.edu.in

After due screening, CIIE team will get in touch with you.

Date: _____ Signature: _____

For CIIE use only

S. No. _____

Comments

Approved / Not Approved _____

Date: _____

Signature: _____