

MAHA MedTech Mission Full CFP Application

Additional Information: Commercial Potential

Instructions to the Applicant

1. This document is an editable document which is meant to supplement details provided in 'Commercial Potential' section of the application on the portal.
2. Applicants are requested to fill this editable PDF by ensuring consistency of information across the application.
3. All questions/fields are mandatory unless specified otherwise.
4. Guiding instructions on what is expected in each field are provided in [\[BLUE\]](#)
5. Applicants may, at their discretion, choose to redact any information that they deem confidential.
6. For any further support or clarifications, please write to the below email address – mahamedtechmission@gmail.com

C. Have you directly engaged or consulted with your target customers on the design/development/testing of the proposed product or prototype? **[Select one as applicable]**

Yes

No

If yes, please explain their role and inputs clearly. **[max 100 words]; Optional**

Please provide up to 3 references for target customers that may be contacted about their experience with the product, if available. **Optional**

| S No. | Type of Target Customer | Name | City | Designation | Phone number | Inputs provided |
|-------|-------------------------|------|------|-------------|--------------|-----------------|
|-------|-------------------------|------|------|-------------|--------------|-----------------|

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D. Please provide your best estimate of launch timeline domestically i.e., when you expect your product to be ready for use in clinical settings in India. Mention which Indian markets or regions this product will first be launched, if known. [max 100 words]

E. For all TRLs, please describe how do you plan to reach your target customers, and to what extent the plans have been articulated. [max 200 words]

F. For all TRLs, please describe how and where the product will be manufactured, including key considerations related to talent, infrastructure, machinery, suppliers, or partnerships. [max 200 words]

G. For all TRLs, describe your launch and commercialization plans, if any, for the top three target geographies outside India. Include the expected sequence and timeline of launch by country, known competitors in these markets, and how the proposed product compares to them. Please also explain how international expansion aligns with the overall commercialization strategy. [max 200 words];

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Additional Information: Methodology, Technical Rigor & Feasibility

Instructions to the Applicant

1. This document is an editable document which is meant to supplement details provided in 'Methodology, Technical Rigor & Feasibility' section of the application on the portal.
2. Applicants are requested to fill this editable PDF by ensuring consistency of information across the application.
3. All questions/fields are mandatory unless specified otherwise.
4. Guiding instructions on what is expected in each field are provided in [\[BLUE\]](#)
5. Applicants may, at their discretion, choose to redact any information that they deem confidential.
6. For any further support or clarifications, please write to the below email address – mahamedtechmission@gmail.com

Project Title:

- ① *Please mention the same title as mentioned in the application form on the portal.* [max 30 words]

I. Technology Readiness:

- A. Please briefly explain the problem statement motivating this proposal, and the scientific/ engineering rationale/ principles underlying the proposed product/ technology, including any novel scientific concepts, materials or engineering approaches involved. [Max 200 words]

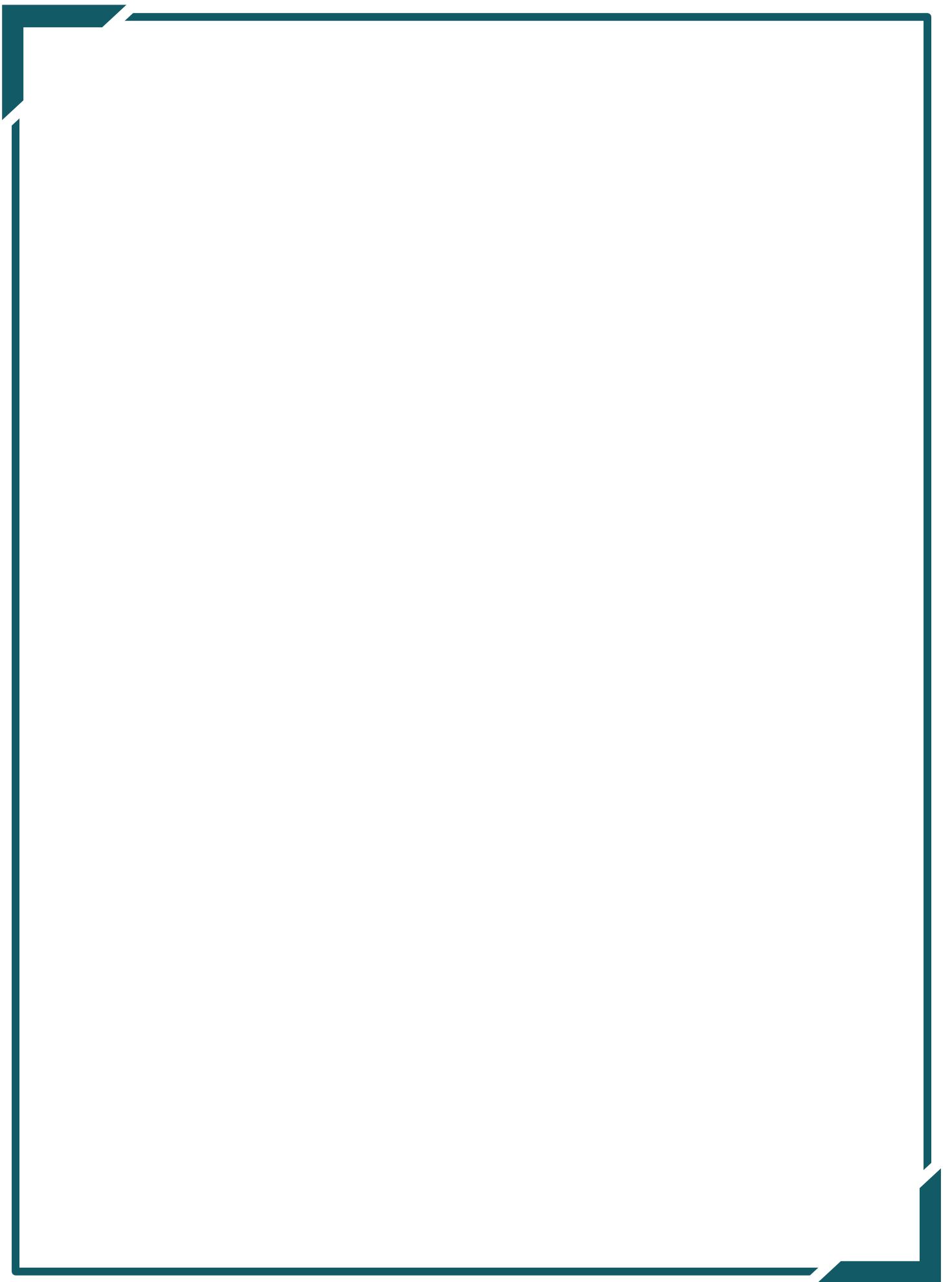
B. Briefly summarize the R&D work completed to date, results obtained. Also describe the most recent critical activity completed and any ongoing activities, and indicate how this work demonstrates the current Technology Readiness [Max 400 words]

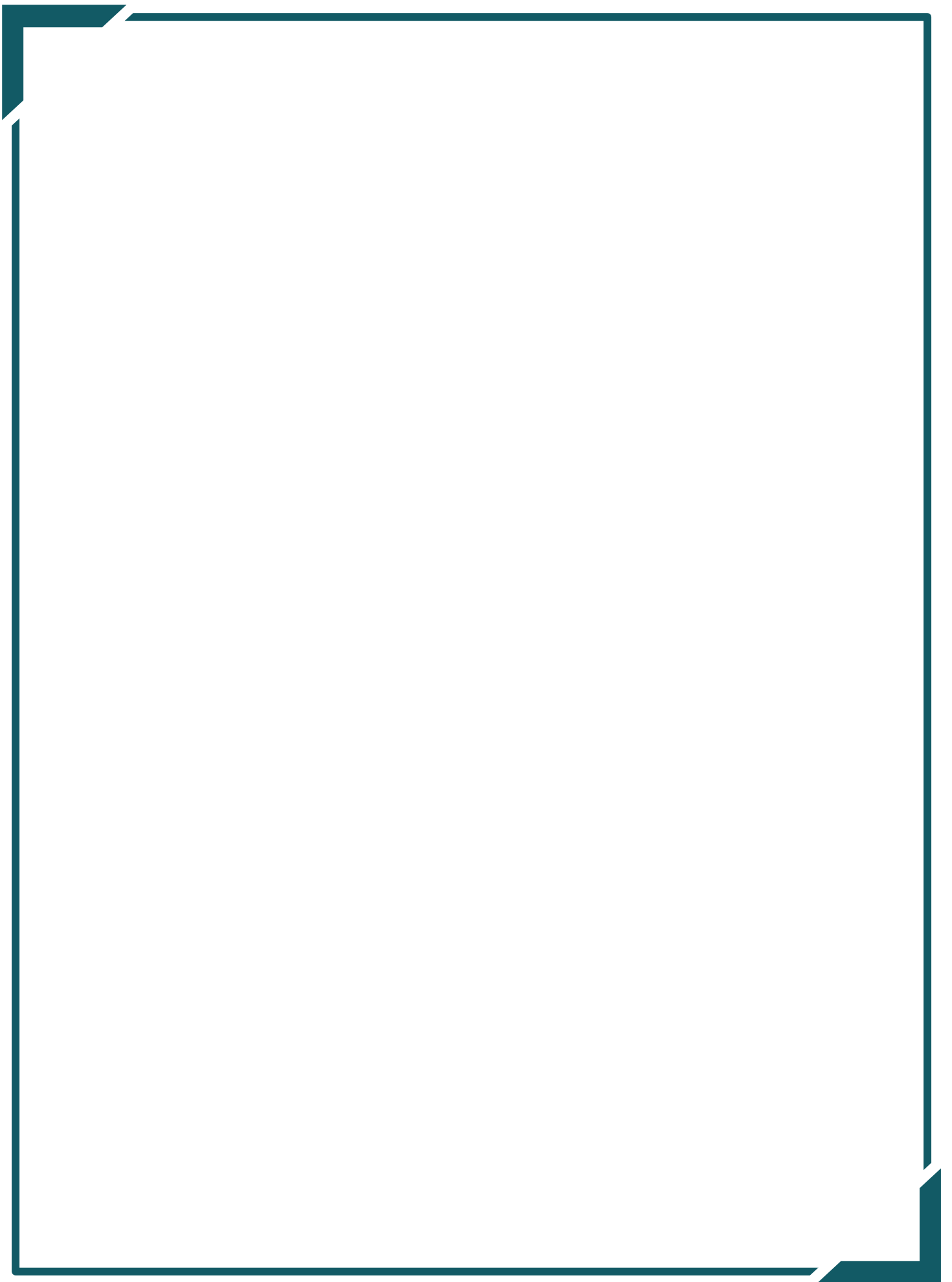
📌 You may upload any supporting documents on the portal

II. Methodology:

A. Describe how the work (various steps/activities involved) will be carried out, i.e., the methodology of all key activities upto target TRL as mentioned in Q16. Also, mention detailed plan of activities and resource requirements to commercialize the product or to achieve TRL 9

- ① *If your product is in early stages of product development, please describe the engineering research methodology including prototype testing environment and protocol, infrastructure & human resource requirements, key metrics to be evaluated, etc.*
- ① *If the product is in evaluation/ investigation stage, please describe clinical trial/study design, sample size, site and target population, trial duration, partnerships required, statistical analyses needed, etc.*
- ① *Please describe regulatory support and patent filings to be done, future plans for technology transfer, etc.*
- ① *Please upload Gantt chart and any other supporting documents on the portal (e.g., flow chart/ diagrams/study design charts) [max 1500 words]*





III. Approach & Milestones:

A. Provide additional detail on the project plan, including 3 key activities corresponding to each milestone. Please specify roles and responsibilities across collaborating entities, if any.

- ① *Milestones should be kept exactly the same as entered in the online portal form and proposed budget. Each milestone is linked to funds disbursement timeline.*

| Milestone 1 [Mandatory] | | |
|-------------------------|-------------|--------------------------|
| Key activity | Description | Roles & responsibilities |

Milestone 1 [Mandatory]

| # | Key activity [max 50 words] | Description [max 100 words] | Roles & responsibilities [max 50 words] |
|---|--------------------------------|--------------------------------|--|
|---|--------------------------------|--------------------------------|--|

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Milestone 2 [Mandatory]

| # | Key activity [max 50 words] | Description [max 100 words] | Roles & responsibilities [max 50 words] |
|---|--------------------------------|--------------------------------|--|
|---|--------------------------------|--------------------------------|--|

1

Milestone 2 [Mandatory]

| # | Key activity [max 50 words] | Description [max 100 words] | Roles & responsibilities [max 50 words] |
|---|--------------------------------|--------------------------------|--|
|---|--------------------------------|--------------------------------|--|

2

3

Milestone 3 [Optional]

| # | Key activity [max 50 words] | Description [max 100 words] | Roles & responsibilities [max 50 words] |
|---|--------------------------------|--------------------------------|--|
|---|--------------------------------|--------------------------------|--|

1

Milestone 3 [Optional]

| # | Key activity [max 50 words] | Description [max 100 words] | Roles & responsibilities [max 50 words] |
|---|--------------------------------|--------------------------------|--|
|---|--------------------------------|--------------------------------|--|

2

3

Milestone 4 [Optional]

| # | Key activity [max 50 words] | Description [max 100 words] | Roles & responsibilities [max 50 words] |
|---|--------------------------------|--------------------------------|--|
|---|--------------------------------|--------------------------------|--|

1

Milestone 4 [Optional]

| # | Key activity [max 50 words] | Description [max 100 words] | Roles & responsibilities [max 50 words] |
|---|--------------------------------|--------------------------------|--|
|---|--------------------------------|--------------------------------|--|

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B. What are the major risks to achieving this project plan? How do you intend to mitigate these risks? Share details by categories:

a. **Product/Technical Risks (e.g. design, material) [max 100 words]**

b. **Business/Operational Risks (e.g. supply chain, talent, infra) [max 100 words]**

c. **Regulatory/Clinical Risks (e.g. clinical trials, approvals) [max 100 words]**

D. Who is the owner / expected owner of the core intellectual property of the project? (Put tick against only the most applicable option. Please ensure consistency in your response in main application form.)

- Lead applicant entity or PI
- Collaborator/Partner
- Jointly owned (applicant-collaborator)
- In-licensed by applicant
- In-licensed by collaborator

E. If the applicant does not fully own all core IP / know-how, what is the current basis of access? (Put tick against only the most applicable option)

- li Executed license
 - Institutional / collaborator permission
 - Joint ownership arrangement
 - MoU / option / term sheet / agreement under discussion
 - Formal arrangement still required
 - Other

Please specify 'Other':

F. If selected either 'MoU / option / term sheet / agreement under discussion' or 'Formal arrangement still required' or 'Other' in above then, : Briefly describe any limitations to rights, what remains to be secured and expected timeline of formalization. [max 200 words]

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Additional Information: Relevant team capabilities & skills

Instructions to the Applicant

1. This document is an editable document which is meant to supplement details provided in 'Relevant team capabilities & skills' section of the application on the portal.
2. Applicants are requested to fill this editable PDF by ensuring consistency of information across the application.
3. Please create a separate copy of this PDF for each individual. Combine all completed PDFs into a single file before uploading to the portal.
4. All questions/fields are mandatory unless specified otherwise.
5. Guiding instructions on what is expected in each field are provided in [BLUE]
6. Applicants may, at their discretion, choose to redact any information that they deem confidential.
7. For any further support or clarifications, please write to the below email address – mahamedtechmission@gmail.com

Project Title:

Please mention the same title as mentioned in the application form on the portal. [max 30 words]

For each of the following:

- **Project Lead PI**
- **Co-PI(s)**
- **PI(s) (for each collaborating entity)**

Please provide the following information:

A. Name of the person

B. Name of the affiliated entity/institution

C. What is the highest degree of qualification of the individual?

Ph.D./ equivalent

Master's degree

Bachelor's degree

Others

Area of qualification: [max 30 words]

D. How many years of experience post qualification does the individual hold in project's research area?

Kindly include ONLY years of experience relevant to the priority area selected for this project

- <10 years
- 10-20 years
- 20+ years

E. How much time will the individual contribute to this project going forward?

A fully dedicated individual is considered at 100% capacity.

F. Briefly mention about any other ongoing commitments of the PI/ Co-PI
[max 40 words]

| Project title | Funder | Role | Budget | Start month | End month |
|---------------|--------|------|--------|-------------|-----------|
|---------------|--------|------|--------|-------------|-----------|

| Project title | Funder | Role | Budget | Start month | End month |
|---------------|--------|------|--------|-------------|-----------|
|---------------|--------|------|--------|-------------|-----------|

| Project title | Funder | Role | Budget | Start month | End month |
|---------------|--------|------|--------|-------------|-----------|
|---------------|--------|------|--------|-------------|-----------|

| Project title | Funder | Role | Budget | Start month | End month |
|---------------|--------|------|--------|-------------|-----------|
|---------------|--------|------|--------|-------------|-----------|

| Project title | Funder | Role | Budget | Start month | End month |
|---------------|--------|------|--------|-------------|-----------|
|---------------|--------|------|--------|-------------|-----------|

G. Relevant experience, credentials and track record related to MedTech product development, regulatory approvals and commercialization [max 100 words]

H. List up to 3 other MedTech products that the individual has been involved with, particularly those at more advanced TRL stages.

| Details | Product 1 | Product 2 | Product 3 |
|---------|-----------|-----------|-----------|
|---------|-----------|-----------|-----------|

**Product
Category**

**Product
name**

| Details | Product 1 | Product 2 | Product 3 |
|--|-----------|-----------|-----------|
| <p>Name of the entity that developed the product</p> <hr/> | | | |
| <p>Product status: Commercialized/Non-Commercialized (specify TRL stage)</p> <hr/> | | | |
| <p>TRL stage of the product at time of individual involvement</p> <hr/> | | | |

| Details | Product 1 | Product 2 | Product 3 |
|---------|-----------|-----------|-----------|
|---------|-----------|-----------|-----------|

Individual role, highlighting any experience relevant to the current project being proposed
 [max 50 words]

- I. List up to 3 patents that have been granted to the individual that are directly relevant to the project domain:

| Details | Patent 1 | Patent 2 | Patent 3 |
|---------|----------|----------|----------|
|---------|----------|----------|----------|

Patent number

| Details | Patent 1 | Patent 2 | Patent 3 |
|-----------------------------|----------|----------|----------|
| Patent title | | | |
| Patent document link | | | |

J. What is the H-index of the individual?

A scholar has an H-index of H if H of their papers have each been cited at least H times.

K. Provide details of up to 3 most cited peer reviewed articles by the individual that are directly relevant to the project domain (last 10 years):

| Details | Publication 1 | Publication 2 | Publication 3 |
|----------------|----------------------|----------------------|----------------------|
|----------------|----------------------|----------------------|----------------------|

**Title of the
publication**

**Name of
journal**

**Year of
publication**

| Details | Publication 1 | Publication 2 | Publication 3 |
|---------|---------------|---------------|---------------|
|---------|---------------|---------------|---------------|

Number of citations

Link of publication

L. Provide details of up to 3 financial support and investments including those by government agencies for any MedTech product/technology:

Type of funder includes Venture capitalist / Private equity / Strategic Investors (Pharma Medtech companies), Angel Investors / High net worth SEBI registered investors / Family offices, Government Capital, Development Finance Institutions / Multilateral and Bilateral Donors / Philanthropic Capital, Others

| Details | 1 | 2 | 3 |
|---------|---|---|---|
|---------|---|---|---|

Type of funder

| Details | 1 | 2 | 3 |
|---|---|---|---|
| Name of funder | | | |
| Amount of capital raised (INR Cr) | | | |
| Legal name of entity for which capital was raised | | | |



**MAHA MedTech Mission
Full CFP Application**

Note to the reader

Green = Instructions including input format guidelines for the applicant

Orange italicized text = Additional information for applicant; available as part of icon “i” besides the question on the ANRF portal.

Evidence/document upload requested = Evidence/document upload requested at the end of the section or form.

Instructions for the applicant *(at the beginning of application form)*

1. All questions are mandatory unless explicitly marked as optional.
2. Applicants must ensure that all sections of the application are completed with accurate, complete, and relevant information.
3. Responses to certain questions will be auto populated from the concept note application & visible to applicants. Applicants may modify these responses.
4. Guiding instructions on what is expected by each field are provided in **BLUE**. At some places, 'add more' icon is available in ANRF form. For this pdf purposes, same number of optional rows have been added.
5. Possible input values that a particular field may take are provided in **PURPLE**.
6. Additional instructions for applicants are provided in **ORANGE** and can be accessed via the “i” (information) icon next to the relevant question.
7. Three additional templates: (i) Methodology, Technical Rigor & Feasibility, (ii) Commercial Potential, (iii) Relevant Team Capabilities & Skills are provided as editable PDF documents and must be completed and uploaded as part of the application, as instructed.
8. Applicants are also requested to upload relevant documents after select questions. 'Mandatory' or 'Optional' is clearly indicated against each 'Upload' button.
9. All financial numbers (INR Crores) need to be provided up to 2 decimal places.
10. Applicants are advised to review the scheme FAQ document for further details. Applicants may be requested to provide additional information or clarifications at any stage prior to or post final funding decisions based on any funding partner requirements
11. Applicants are advised to submit their proposals well in advance of the deadline, as system performance may be affected by high submission volumes closer to the closing date.
12. For technical issues related to the online application process, please contact support@anrfonline.in. In case of any questions relating to format or templates, please refer to the FAQs or reach out to mahamedtechmission@gmail.com.

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Section 0: Project Lead Profile

[Standard ANRF online form, pre-filled]

Section 1: Project overview

Section 1: Project overview

1. Project Title: *(Text box, 100 characters)*

i *Please mention project name including name of the product/technology and keep it concise to the extent possible.*

2. Please provide a brief overview of the proposed product/ technology, including its intended use and the target end users (e.g., patients, clinicians). *(Text box, 200 characters)*

3. Project Technology Type:

(Select only one as applicable)

- Functional Implant *(Device that interacts dynamically with physiological systems e.g., Pacemakers, ICDs, spinal cord stimulators, implantable insulin pumps, joint replacement implants)*
- Structural/Non-functional Implant *(Device that provides mechanical support or structural replacement e.g., Orthopedic joint implants, dental implants, bone plates and screws)*
- Minimally Invasive Instruments *(e.g., Laparoscopic/endoscopic tools, energy devices, RF, laser)*
- Surgical Robotics and Navigation *(e.g., Robotic surgery platforms, image-guided systems)*
- Imaging devices *(Devices intended for diagnosis of a disease or disorder by means of imaging techniques e.g., PET, ultrasound)*

- In Vitro Diagnostics (IVDs, which are meant for detection of analytes. The technologies may include Molecular diagnostics (PCR, NGS), Immunoassays, Analyzers, Point-of-care test kits etc.)
- Therapeutic and Monitoring Devices (e.g., Dialysis machines, ventilators, infusion pumps, CPAP/BiPAP, Continuous blood glucose monitoring devices)
- Software as medical device
- Rehabilitation and Assistive Devices (e.g., Exoskeletons, prosthetics (bionic limbs), mobility aids)
- Consumables & Disposable Devices
- Wearable and Home-use Devices (Devices that claim clinical use for lifestyle only will be excluded)
- Others, please Specify 'others' if selected (mandatory) in 50 characters

4. Is the proposed product / technology only a component or accessory (that cannot function independently) of a medical device? (Select one)

- Yes, proposed product/technology is a component of a medical device
- No, proposed product/ technology is a finished medical device for direct use

4.1 *If selected Yes above*, Please describe the finished medical device that the proposed product / technology is intended for, and how specifically the proposed product / technology fits into its use. Please list specific manufacturers and products that incorporate (or would incorporate) this component. (Text box, 1500 characters)

5. Select the applicable CDSCO risk classification for your product or technology.

i For reference, CDSCO's list of approved medical devices can be found on the link: [ListOfApprovedDevices](#) or [ListOfIvdMdApprovedDevices](#). The same may be used for risk classification

Dropdown: *(Select only one as applicable)*

- Class A (Low-Risk)
- Class B (Low-Moderate Risk)
- Class C (Moderate-High Risk)
- Class D (High Risk)

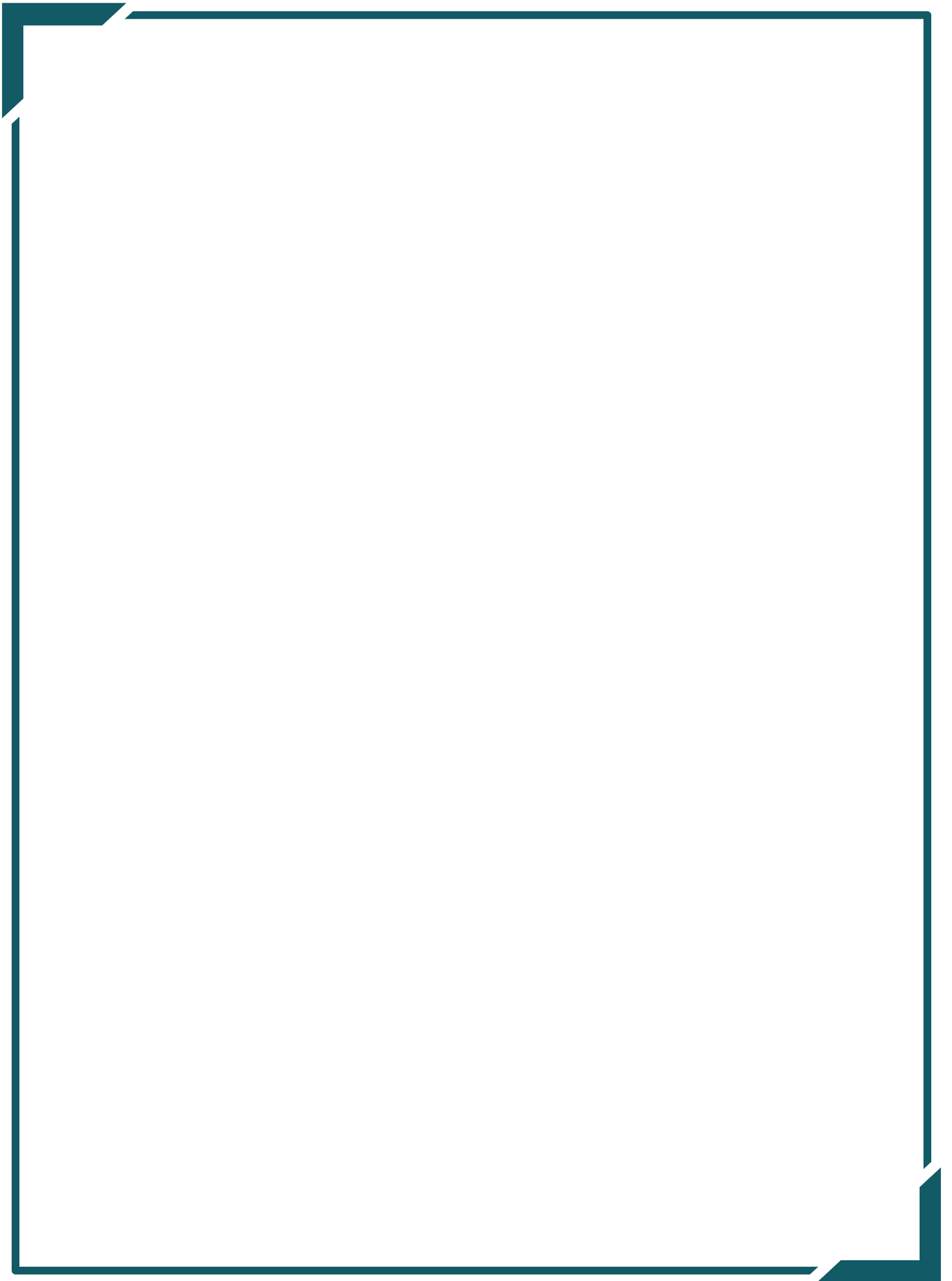
6. Please specify the extent of AI usage in the proposed product or technology, if any.

(Select only one as applicable)

- No use of AI
- Some AI / ML Features (supportive or non-core)
- AI-Driven Product (AI is central to clinical function)

7. Please provide a concise summary of the proposed project under the following heads below. *(Text box, 2000 characters)*

- Problem statement and rationale
- Key research question(s) and Top four objectives
- Methodology and scientific concept of proposed technology
- Novelty & differentiation vs existing options
- Expected output & outcome of the proposal, including commercial potential/plan and impact for India
- Six keywords separated by comma which best describe the project



Section 2: Applicants overview

Section 2: Applicants overview

Lead Entity/Institution

8. What type of entity/institution is the Project Lead affiliated with?

(Select only one as applicable). Autofill from Concept Note CFP

i *Your response from Concept Note stage is auto populated. However, you are requested to review the FAQs carefully for selecting appropriate affiliation. You will be requested to share relevant evidence in case of Startup/ MSME/ Pharma or MedTech company.*

- Academic and Research Institution
- Hospital/Medical College Hospital
- Startup registered with DPIIT
- MSME registered with Udyam
- Pharma/MedTech company
- Others, please specify – *Fill mandatory textbox with 50 characters, if selected.*

Mandatory: Upload Endorsement letter or letter of support from the head of the institution of PI.

9. Legal name of the Entity/Institution. *(Text box, 200 characters)*

10. Entity/Institution identification number.

i *Please provide a DPIIT number if the entity is a startup, Udyam number if the entity is an MSME, or others as appropriate.*

(Select only one as applicable)

- PAN
- DPIIT Number (for startups)
- Udyam Number (for MSMEs)
- GST-IN
- Others

Fill in entity identification number with character limit based on the option selected above.

[If PAN: 10 characters; DPIIT: 15 characters; Udyam: 19 characters;
GST-IN: 15 characters; Others: 50 characters]

11. Please provide detailed description of relevant facilities, institutional resources, and credentials such as DSIR certificate to conduct genuine research and development for the proposed project. *(Text box, 1000 characters)*

Mandatory: Upload any supporting documents (e.g., DSIR certification)

12. Please provide details of the Co-PI from your entity/ institution i.e. the lead applicant entity /institution.

i Please note that at least 1 Co-PI from the same lead entity/ institution as that of the PI is mandatory; more than one Co-PI is welcome.)

(Applicant can link Co-PI details by searching for profiles from ANRF database. Please ensure that at least 1 Co-PI from same entity as that of PI is mandatory; autofill from Concept Note CFP)

| Sr. No | Name of Co-PI |
|--------|---------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5 | |

Collaborations, if any

13. Will the project involve any collaborations that contribute meaningfully to accelerating product development?

i You will be asked to upload evidence (e.g., MoU or letter of support)

(Select only one as applicable)

- Yes, project involves industry-academia collaborations: e.g., academia (Academic and research institution or Hospital/Medical College Hospital) working together with industry (startups, MSMEs, Pharma/ MedTech companies) - *If selected, please answer next set of questions*
- Yes, project involves inter-institutional collaborations: e.g., collaborations within academia (i.e. within biomedical and engineering institutes, laboratories, hospitals, and academic & research institutions) or collaborations within industry (i.e., within startups, MSMEs, Pharma/ MedTech companies) - *If selected, please answer next set of questions*
- Yes, others - *If selected, please answer next set of questions*
- No, project does not involve any collaborations with other entities – *If selected, please move to next section.*

Mandatory: Upload MoU or letter of support from the head of the collaborating entity.


13.1 Please provide details of all collaborating entities/institutions.

- i** Applicants may include details of up to five key collaborating entities that are expected to contribute meaningfully to the proposed project and are essential for its execution.

Add the following details for each collaborating entity.

Collaborating entity 1

| | | |
|----|--|--|
| 1. | Type of entity/ institution | <p><i>(Select only one as applicable)</i></p> <p><input type="checkbox"/> Academic and Research Institution</p> <p><input type="checkbox"/> Hospital/Medical College Hospital</p> <p><input type="checkbox"/> Startup registered with DPIIT</p> <p><input type="checkbox"/> MSME registered with Udyam</p> <p><input type="checkbox"/> Pharma/MedTech company</p> <p><input type="checkbox"/> Others –</p> |
| 2. | Legal name of the Entity/Institution | |
| 3. | <p>Entity/Institution identification number</p> <p>i Please provide a DPIIT number if the entity is a startup, Udyam number if the entity is an MSME, or others as appropriate.</p> | <p><i>(Select only one as applicable)</i></p> <p><input type="checkbox"/> PAN</p> <p><input type="checkbox"/> DPIIT Number (for startups)</p> <p><input type="checkbox"/> Udyam Number (for MSMEs)</p> <p><input type="checkbox"/> GST-IN</p> <p><input type="checkbox"/> Others</p> |

| | | |
|-----------|---|---|
| | | <p style="text-align: center;"><i>[If PAN: 10 characters; if DPIIT: 15 characters; if Udyam: 19 characters; if GST-IN: 15 characters; Others: 50 characters]</i></p> |
| <p>4.</p> | <p>Details of the PI from the collaborating entity.</p> <p><i>ⓘ Please note that 1 PI is mandatory from each collaborator. This PI would be responsible for coordinating with the overall Project Lead on deliverables as per the committed milestones.</i></p> | <p>Name:</p> <p>Email ID:</p> <p>Contact Number:</p> <p>Upload Biodata </p> <p><i>(Link from ANRF Portal else ask for upload)</i></p> <p>(Mandatory):</p> <p><i>(1 PI is mandatory from each collaborator)</i></p> |
| <p>5.</p> | <p>Details of the Co-PI from the collaborating entity.</p> <p><i>ⓘ Please note that 1 Co-PI is mandatory for each collaborator; may have more than 1.</i></p> | <p>Name:</p> <p>Email Id:</p> <p>Contact Number:</p> |

| | | |
|----|---|--|
| | | <i>(1 Co-PI is mandatory from each collaborator; may have more than 1)</i> |
| 6. | Please describe the purpose of this collaboration, the role of the collaborating entity, the expertise it brings, and how it will contribute to the proposed project. | |

Collaborating entity 2

| | | |
|----|--------------------------------------|---|
| 1. | Type of entity/ institution | <i>(Select only one as applicable)</i> <input type="checkbox"/> Academic and Research Institution <input type="checkbox"/> Hospital/Medical College Hospital <input type="checkbox"/> Startup registered with DPIIT <input type="checkbox"/> MSME registered with Udyam <input type="checkbox"/> Pharma/MedTech company <input type="checkbox"/> Others – |
| 2. | Legal name of the Entity/Institution | |

| | | |
|-----------|---|---|
| <p>3.</p> | <p>Entity/Institution identification number</p> <p><i>Please provide a DPIIT number if the entity is a startup, Udyam number if the entity is an MSME, or others as appropriate.</i></p> | <p><i>(Select only one as applicable)</i></p> <p><input type="radio"/> PAN</p> <p><input type="radio"/> DPIIT Number (for startups)</p> <p><input type="radio"/> Udyam Number (for MSMEs)</p> <p><input type="radio"/> GST-IN</p> <p><input type="radio"/> Others</p> <p><i>Fill in entity identification number with character limit based on the option selected above.</i></p> <div style="border: 1px solid #ccc; border-radius: 15px; padding: 10px; text-align: center; margin-top: 10px;"> <p><i>[If PAN: 10 characters; if DPIIT: 15 characters; if Udyam: 19 characters; if GST-IN: 15 characters; Others: 50 characters]</i></p> </div> |
| <p>4.</p> | <p>Details of the PI from the collaborating entity.</p> <p><i>Please note that 1 PI is mandatory from each collaborator. This PI would be responsible for coordinating with the overall Project Lead on deliverables as per the committed milestones.</i></p> | <p>Name:</p> <p>Email ID:</p> <p>Contact Number:</p> <p>Upload Biodata <input type="button" value="Upload"/></p> <p><i>(Link from ANRF Portal else ask for upload)</i></p> <p>(Mandatory):</p> <p><i>(1 PI is mandatory from each collaborator)</i></p> |

| | | |
|----|--|--|
| 5. | <p>Details of the Co-PI from the collaborating entity.</p> <p>i <i>Please note that 1 Co-PI is mandatory for each collaborator; may have more than 1.</i></p> | <p>Name:</p> <p>Email Id:</p> <p>Contact Number:</p> <p><i>(1 Co-PI is mandatory from each collaborator; may have more than 1)</i></p> |
| 6. | <p>Please describe the purpose of this collaboration, the role of the collaborating entity, the expertise it brings, and how it will contribute to the proposed project.</p> | |

Collaborating entity 3

| | | |
|----|-----------------------------|---|
| 1. | Type of entity/ institution | <p><i>(Select only one as applicable)</i></p> <p><input type="checkbox"/> Academic and Research Institution</p> <p><input type="checkbox"/> Hospital/Medical College Hospital</p> <p><input type="checkbox"/> Startup registered with DPIIT</p> <p><input type="checkbox"/> MSME registered with Udyam</p> <p><input type="checkbox"/> Pharma/MedTech company</p> |
|----|-----------------------------|---|


| | | |
|----|---|--|
| | | <input type="checkbox"/> Others – |
| 2. | Legal name of the Entity/Institution | |
| 3. | <p>Entity/Institution identification number</p> <p>i Please provide a DPIIT number if the entity is a startup, Udyam number if the entity is an MSME, or others as appropriate.</p> | <p><i>(Select only one as applicable)</i></p> <p><input type="checkbox"/> PAN</p> <p><input type="checkbox"/> DPIIT Number (for startups)</p> <p><input type="checkbox"/> Udyam Number (for MSMEs)</p> <p><input type="checkbox"/> GST-IN</p> <p><input type="checkbox"/> Others</p> <p><i>Fill in entity identification number with character limit based on the option selected above.</i></p> <div style="border: 1px solid #ccc; border-radius: 15px; padding: 10px; text-align: center; margin-top: 10px;"> <p><i>[If PAN: 10 characters; if DPIIT: 15 characters; if Udyam: 19 characters; if GST-IN: 15 characters; Others: 50 characters]</i></p> </div> |
| 4. | <p>Details of the PI from the collaborating entity.</p> <p>i Please note that 1 PI is mandatory from each collaborator. This PI would be responsible for coordinating with the overall Project Lead on deliverables as per the committed milestones.</p> | <p>Name:</p> <p>Email ID:</p> <p>Contact Number:</p> <p>Upload Biodata <input type="button" value="Upload"/></p> <p><i>(Link from ANRF)</i></p> |

| | | |
|----|--|--|
| | | <p><i>Portal else ask for upload)</i> (Mandatory): <i>(1 PI is mandatory from each collaborator)</i></p> |
| 5. | <p>Details of the Co-PI from the collaborating entity.</p> <p><i>ⓘ Please note that 1 Co-PI is mandatory for each collaborator; may have more than 1.</i></p> | <p>Name:</p> <p>Email Id:</p> <p>Contact Number:</p> <p><i>(1 Co-PI is mandatory from each collaborator; may have more than 1)</i></p> |
| 6. | <p>Please describe the purpose of this collaboration, the role of the collaborating entity, the expertise it brings, and how it will contribute to the proposed project.</p> | |

Collaborating entity 4


| | | |
|----|-----------------------------|---|
| 1. | Type of entity/ institution | <p><i>(Select only one as applicable)</i></p> <p><input type="checkbox"/> Academic and Research Institution</p> <p><input type="checkbox"/> Hospital/Medical College Hospital</p> |
|----|-----------------------------|---|

| | | |
|----|--|---|
| | | <input type="checkbox"/> Startup registered with DPIIT <input type="checkbox"/> MSME registered with Udyam <input type="checkbox"/> Pharma/MedTech company <input type="checkbox"/> Others – |
| 2. | Legal name of the Entity/Institution | |
| 3. | Entity/Institution identification number <i>Please provide a DPIIT number if the entity is a startup, Udyam number if the entity is an MSME, or others as appropriate.</i> | <i>Select only one as applicable)</i> <input type="checkbox"/> PAN <input type="checkbox"/> DPIIT Number (for startups) <input type="checkbox"/> Udyam Number (for MSMEs) <input type="checkbox"/> GST-IN <input type="checkbox"/> Others <i>All in entity identification number with character limit based on the option selected above.</i> <div style="border: 1px solid blue; border-radius: 15px; padding: 10px; text-align: center; margin-top: 10px;"> <i>[If PAN: 10 characters; if DPIIT: 15 characters; if Udyam: 19 characters; if GST-IN: 15 characters; Others: 50 characters]</i> </div> |
| 4. | Details of the PI from the collaborating entity. <i>Please note that 1 PI is mandatory from each collaborator. This PI would be responsible for coordinating with the overall Project Lead on deliverables as per the committed milestones.</i> | Name: Email ID: Contact Number: |

| | | |
|----|--|--|
| | | <p>Upload Biodata </p> <p><i>(Link from ANRF Portal else ask for upload)</i></p> <p>(Mandatory):</p> <p><i>(1 PI is mandatory from each collaborator)</i></p> |
| 5. | <p>Details of the Co-PI from the collaborating entity.</p> <p><i>ⓘ Please note that 1 Co-PI is mandatory for each collaborator; may have more than 1.</i></p> | <p>Name:</p> <p>Email Id:</p> <p>Contact Number:</p> <p><i>(1 Co-PI is mandatory from each collaborator; may have more than 1)</i></p> |
| 6. | <p>Please describe the purpose of this collaboration, the role of the collaborating entity, the expertise it brings, and how it will contribute to the proposed project.</p> | |

Collaborating entity 5

| | | |
|----|---|---|
| 1. | Type of entity/ institution | <p><i>(Select only one as applicable)</i></p> <p><input type="radio"/> Academic and Research Institution</p> <p><input type="radio"/> Hospital/Medical College Hospital</p> <p>Startup registered with DPIIT</p> <p>MSME registered with Udyam</p> <p>Pharma/MedTech company</p> <p>Others –</p> |
| 2. | Legal name of the Entity/Institution | |
| 3. | <p>Entity/Institution identification number</p> <p>i <i>Please provide a DPIIT number if the entity is a startup, Udyam number if the entity is an MSME, or others as appropriate.</i></p> | <p><i>(Select only one as applicable)</i></p> <p>PAN</p> <p>DPIIT Number (for startups)</p> <p>Udyam Number (for MSMEs)</p> <p>GST-IN</p> <p>Others</p> <p><i>Fill in entity identification number with character limit based on the option selected above.</i></p> <div style="border: 1px solid #ccc; border-radius: 15px; padding: 10px; text-align: center; margin-top: 10px;"> <p><i>[If PAN: 10 characters; if DPIIT: 15 characters; if Udyam: 19 characters; if GST-IN: 15 characters; Others: 50 characters]</i></p> </div> |

| | | |
|-----------|--|---|
| <p>4.</p> | <p>Details of the PI from the collaborating entity.</p> <p>i <i>Please note that 1 PI is mandatory from each collaborator. This PI would be responsible for coordinating with the overall Project Lead on deliverables as per the committed milestones.</i></p> | <p>Name:</p> <p>Email ID:</p> <p>Contact Number:</p> <p>Upload Biodata </p> <p><i>(Link from ANRF Portal else ask for upload)</i></p> <p>(Mandatory):</p> <p><i>(1 PI is mandatory from each collaborator)</i></p> |
| <p>5.</p> | <p>Details of the Co-PI from the collaborating entity.</p> <p>i <i>Please note that 1 Co-PI is mandatory for each collaborator; may have more than 1.</i></p> | <p>Name:</p> <p>Email Id:</p> <p>Contact Number:</p> <p><i>(1 Co-PI is mandatory from each collaborator; may have more than 1)</i></p> |
| <p>6.</p> | <p>Please describe the purpose of this collaboration, the role of the collaborating entity, the expertise it brings, and how it will contribute to the proposed project.</p> | |



Section 3: Methodology, Technical Rigor & Feasibility

Section 3: Methodology, Technical rigor & Feasibility

Technical Progress

14. Please select the highest Technology Readiness Level (TRL) that has already been completed for the overall project, for which verifiable evidence is available to demonstrate completion.

(Select only one TRL stage as applicable)

i You may select more than one evidence type for the TRL selected. You will be asked to upload evidence for each option selected including the submission acknowledgement for each document. Lack of evidence will lead to disqualification at this stage.

TRL 3: Early-stage proof of concept

Type of evidence (select all applicable)

- Peer reviewed publication(s) of the proposed project/technology
- Technical report/validation from a third party (external)

TRL 4: Advanced proof of concept

Type of Evidence (select all applicable)

- MD-12

TRL 5: Test-batch Evaluation

Type of Evidence (select all applicable)

- MD-22
- MD-24

TRL 6: Pilot CI / CPE studies / Clinical evaluation *If selected, show dropdown (select all applicable)*

Type of Evidence (select all applicable)

- MD-26
- MD-28

TRL 7: Pivotal CI / CPE studies / Clinical evaluation *If selected, show dropdown (select all applicable)*

Type of Evidence (select all applicable)

- MD-3
- MD-4
- MD-7
- MD-8

TRL 8: Pre-commercialization

Type of Evidence (select all applicable)

- MD-5
- MD-6
- MD-9
- MD-10

Mandatory: Upload all evidence of TRL progress as selected above

Project Plan

15. What is the proposed project duration? Also, mention expected starting and ending date.

Provide the following dropdown (select only one as applicable):

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years

15.1 Assuming starting year of the project is current financial year FY 2027, what is the ending year of the project? *Show dropdown with 5 options:*

i For reference, FY 2027 refers to the 12-month period from April 1, 2026 to March 31, 2027. Please select end date accordingly. It is mandatory to initiate the project in the same financial year as that of the first year of fund disbursement for MMM. Any delay/change in date of the start with strong valid justification is possible with permission of the funding agency only.

- FY 2027
- FY 2028
- FY 2029
- FY 2030
- FY 2031

16. What is the latest TRL stage you expect to complete by the end date selected above? *(Select only one as applicable)*

- TRL 4: Advanced proof of concept
- TRL 5: Test-batch Evaluation
- TRL 6: Pilot CI / CPE studies / Clinical evaluation
- TRL 7: Pivotal CI / CPE studies / Clinical evaluation
- TRL 8: Pre-commercialization
- TRL 9: Commercialization

17. List up to 4 objectives the project aims to achieve within the duration specified above, using the financial assistance requested.

Objective 1 *[Mandatory]*:

Objective 2 *[Mandatory]*:

Objective 3 *[Optional]*:

Objective 4 *[Optional]*:

18. Provide up to 4 milestones for this project, and corresponding financial assistance needed. Each milestone is linked to funds disbursement timeline. Milestones should be same as mentioned in the “Additional Information_Methodology” pdf template and in the proposed budget.

Also, provide Milestone start date and end date on how the funds will be utilized.

i *Milestones must be designed as specific and measurable indicators of successful progress, aligned with the project’s current and target TRL. Clear, verifiable evidence of completion, preferably from an external or independent source where feasible, should be identified for each milestone.*

| S. No | Project milestone | Financial assistance against the milestone (INR Cr) | Milestone start date & year (tentative) | Milestone end date & year (tentative) | Document to be furnished as evidence of milestone completion, if |
|-------|-------------------|---|---|---------------------------------------|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

19. Please upload key details on methodology, technical rigor & viability as per the template below.

[Download template](#)

[Mandatory: Upload template](#)

Project Budget

20. Past Expenditure and Existing Funding

20.1 Total amount of grant support, investments, or self-funds already committed to the proposed product or technology, including funds committed for future work. (INR Cr)

20.2 Provide details of top 3 funding sources already committed.

| S. No | Type of source <i>Drop-down</i> | Amount committed from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|-------|---|--|---|--|---|
| 1 | <ul style="list-style-type: none"> <input type="checkbox"/> Internal budget allocation/Self-funding <input type="checkbox"/> Funding from domestic individuals or institutional investors <input type="checkbox"/> Funding from foreign institutional investors <input type="checkbox"/> Funding through other grants/alternate government schemes <input type="checkbox"/> Others | | | <ul style="list-style-type: none"> <input type="checkbox"/> Certified copy of board resolution earmarking amount. <input type="checkbox"/> Copy of binding term sheet, or equivalent funding document. <input type="checkbox"/> Copy of sanction order or equivalent documentation, along with a self-declaration of non- | <div style="border: 1px solid #0070c0; border-radius: 10px; background-color: #0070c0; color: white; padding: 10px; display: inline-block;"> Mandatory: Upload evidence </div> |

| | Type of source <i>Drop-down</i> | Amount committed from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|---|--|--|---|--|---|
| | | | | <p>overlap with MMM scope, and scope of the other governmental grant.</p> <p><input type="checkbox"/> Others</p> | |
| 2 | <p><input type="checkbox"/> Internal budget allocation/Self-funding</p> <p><input type="checkbox"/> Funding from domestic individuals or institutional investors</p> <p><input type="checkbox"/> Funding from foreign institutional investors</p> <p><input type="checkbox"/> Funding through other grants/alternate government schemes</p> <p><input type="checkbox"/> Others</p> | | | <p><input type="checkbox"/> Certified copy of board resolution earmarking amount.</p> <p><input type="checkbox"/> Copy of binding term sheet, or equivalent funding document.</p> <p><input type="checkbox"/> Copy of sanction order or equivalent documentation, along with a self-declaration of non-overlap with MMM scope, and scope of the other governmental grant.</p> <p><input type="checkbox"/> Others</p> | <div style="border: 1px solid black; border-radius: 15px; background-color: #0070C0; color: white; padding: 10px; text-align: center; width: fit-content; margin: auto;"> <p>Mandatory: Upload evidence</p> </div> |

| S. No | Type of source <i>Drop-down</i> | Amount committed from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|-------|---|--|---|---|---|
| 3 | <input type="checkbox"/> Internal budget allocation/Self-funding <input type="checkbox"/> Funding from domestic individuals or institutional investors <input type="checkbox"/> Funding from foreign institutional investors <input type="checkbox"/> Funding through other grants/alternate government schemes <input type="checkbox"/> Others | | | <input type="checkbox"/> Certified copy of board resolution earmarking amount. <input type="checkbox"/> Copy of binding term sheet, or equivalent funding document. <input type="checkbox"/> Copy of sanction order or equivalent documentation, along with a self-declaration of non-overlap with MMM scope, and scope of the other governmental grant. <input type="checkbox"/> Others | <div data-bbox="1154 470 1398 625" style="background-color: #0070C0; color: white; padding: 10px; border-radius: 10px; text-align: center;"> Mandatory: Upload evidence </div> |

20.3 Total amount of funds already utilized to achieve the current TRL (INR Cr) out of the total funds committed till date. *Ensure that this amount is lower or equal to 20.1*

21. Total Project Cost and Funding Request (Future)

21.1 Total estimated cost of the proposed project for the remaining duration, from the start of MMM support until project completion (INR Cr).

21.2 Total funding being requested from the MMM Scheme for the proposed project (INR Cr)

22. Please share budget details of the proposed product/ technology and upload any supporting evidence.

Please code as per budget template attached

Optional: Upload supporting evidence

23. Cost-Sharing Contribution (Mandatory only for specific entities)

- ❶ Please ensure consistency with other project details and budget information submitted. Basis cost-sharing requirements, 2 types of entities (1) Pharma/ MedTech companies and (2) MSMEs registered with Udyam, that do not align with any national health priorities are required to contribute minimum of 30% to their share of project cost from their own resources. The balance (i.e., ₹5-25 crore) will be funded through the scheme. This is applicable for both lead entities and collaborator entities requesting funding under MMM scheme.*
- ❷ In case of collaborations/joint applications by multiple types of entities: The portion of the grant allocated to private sector entities (Pharma/MedTech companies and/ or MSMEs registered with Udyam) will be subject to cost sharing as determined by the Technical Advisory Group*
- ❸ Please refer to National Health Priorities list on ANRF portal or in FAQ document - https://serb.gov.in/assets/pdf/Final_CFP_ANRF_MAHA_MedTechMission_8-10-2025.pdf Annexure III*

23.1 Share of total funding requested from the MMM Scheme, that will be used by Pharma / MedTech company or MSME (INR Cr) *Mandatory for all applicants*

23.2 Total co-funding required for the project by Pharma / MedTech company or MSME (INR Cr).

Mandatory question for all applicants.

However, please ensure the check below:

Conditional check to be indicated before completion of form:

- *IF the applicant selects “No, the proposed product / technology does not align with any national health priority” in Q36, then below amount should be 30% or higher than the amount mentioned in 23.1 above.*
- *IF the applicant selects “Yes, the proposed product / technology does align with any national health priority” in Q36, then no limit on below amount*
- *Mandatory for all. However, if a private sector entity i.e. , either a (1) Pharma/ MedTech company or an (2) MSME registered with Udyam is the lead entity or a collaborating entity under the scheme AND the proposed project does not align with the National Health Priorities, then the applicant must ensure that the total co-funding required for the project by Pharma / MedTech company or MSME (INR Cr) is 30% or higher than the amount mentioned in 23.1 above.*
- *Below set of questions are mandatory only for select entities i.e. if the applicant has selected either MSME registered with Udyam or Pharma/MedTech company in Q8 as a lead entity or in Q13.1 as one of the collaborating entities requesting funding in MMM AND the proposed project does not align with the National Health Priorities; optional for other applicants.*

23.3 Amount of co-funding required already available as “cash-in-bank” (INR Cr)

Ensure that this is equal to or lower than the amount mentioned in 23.2 above; Mandatory only for select entities i.e. if the applicant has selected either MSME registered with Udyam or Pharma/MedTech company in Q8 as a lead entity or in Q13.1 as one of the collaborating entities requesting funding in MMM AND the proposed project does not align with the National Health Priorities; optional for other applicants. [Optional]

- *Only refer to amounts fully available for expenditure on this project, provide the amount up to 2 decimal places*

23.4 Please provide details of amount of co-funding required already available as “cash-in-bank”. *This question will be mandatorily invoked if amount of co-funding available as “cash-in-bank” (INR Cr) is greater than 0 in Q23.3 above.*

| S No. | Type of source <i>Drop-down</i> | Amount committed from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|-------|---|--|---|---|---|
| 1 | <ul style="list-style-type: none"> <input type="checkbox"/> Internal budget allocation/Self-funding <input type="checkbox"/> Funding from domestic individuals or institutional investors <input type="checkbox"/> Funding from foreign institutional investors <input type="checkbox"/> Funding through other grants/alternate government schemes <input type="checkbox"/> Others | | | <ul style="list-style-type: none"> <input type="checkbox"/> Certified copy of board resolution earmarking amount. <input type="checkbox"/> Copy of binding term sheet, or equivalent funding document. <input type="checkbox"/> Copy of sanction order or equivalent documentation, along with a self-declaration of non-overlap with MMM scope, and scope of the other governmental grant. <input type="checkbox"/> Others | <div style="border: 1px solid #0070c0; border-radius: 15px; background-color: #0070c0; color: white; padding: 10px; display: inline-block;"> Mandatory: Upload evidence </div> |

| S No. | Type of source <i>Drop-down</i> | Amount committed from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|-------|---|--|---|---|---|
| 2 | <input type="checkbox"/> Internal budget allocation/Self-funding <input type="checkbox"/> Funding from domestic individuals or institutional investors <input type="checkbox"/> Funding from foreign institutional investors <input type="checkbox"/> Funding through other grants/alternate government schemes <input type="checkbox"/> Others | | | <input type="checkbox"/> Certified copy of board resolution earmarking amount. <input type="checkbox"/> Copy of binding term sheet, or equivalent funding document. <input type="checkbox"/> Copy of sanction order or equivalent documentation, along with a self-declaration of non-overlap with MMM scope, and scope of the other governmental grant. <input type="checkbox"/> Others | <div data-bbox="1159 432 1403 590" style="background-color: #0070C0; color: white; padding: 10px; border-radius: 10px; text-align: center;"> Mandatory: Upload evidence </div> |
| 3 | <input type="checkbox"/> Internal budget allocation/Self-funding <input type="checkbox"/> Funding from domestic individuals or institutional investors | | | <input type="checkbox"/> Certified copy of board resolution earmarking amount. <input type="checkbox"/> Copy of binding term sheet, or | <div data-bbox="1159 1562 1403 1719" style="background-color: #0070C0; color: white; padding: 10px; border-radius: 10px; text-align: center;"> Mandatory: Upload evidence </div> |

| S No. | Type of source <i>Drop-down</i> | Amount committed from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|-------|---|--|---|--|---|
| | <input type="checkbox"/> Funding from foreign institutional investors <input type="checkbox"/> Funding through other grants/ alternate government schemes <input type="checkbox"/> Others | | | <input type="checkbox"/> equivalent funding document. <input type="checkbox"/> Copy of sanction order or equivalent documentation, along with a self-declaration of non-overlap with MMM scope, and scope of the other governmental grant. <input type="checkbox"/> Others | |
| 4 | <input type="checkbox"/> Internal budget allocation/Self-funding <input type="checkbox"/> Funding from domestic individuals or institutional investors <input type="checkbox"/> Funding from foreign institutional investors <input type="checkbox"/> Funding through other grants/ alternate government schemes | | | <input type="checkbox"/> Certified copy of board resolution earmarking amount. <input type="checkbox"/> Copy of binding term sheet, or equivalent funding document. <input type="checkbox"/> Copy of sanction order or equivalent documentation, along | <div data-bbox="1156 1192 1403 1352" style="background-color: #0070C0; color: white; padding: 10px; text-align: center; border-radius: 10px;"> Mandatory: Upload evidence </div> |

| S No. | Type of source <i>Drop-down</i> | Amount committed from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|-------|--|--|---|---|--|
| | <input type="checkbox"/> Others | | | <p>with a self-declaration of non-overlap with MMM scope, and scope of the other government al grant.</p> <input type="checkbox"/> Others | |
| 5 | <input type="checkbox"/> Internal budget allocation/Self-funding <input type="checkbox"/> Funding from domestic individuals or institutional investors <input type="checkbox"/> Funding from foreign institutional investors <input type="checkbox"/> Funding through other grants/ alternate government schemes <input type="checkbox"/> Others | | | <input type="checkbox"/> Certified copy of board resolution earmarking amount. <input type="checkbox"/> Copy of binding term sheet, or equivalent funding document. <input type="checkbox"/> Copy of sanction order or equivalent documentation, along with a self-declaration of non-overlap with MMM scope, and scope of the other government al grant. | <div style="border: 1px solid black; border-radius: 15px; background-color: #0070C0; color: white; padding: 10px; text-align: center; width: fit-content; margin: auto;"> Mandatory: Upload evidence </div> |

| S No. | Type of source <i>Drop-down</i> | Amount committed from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|-------|------------------------------------|--|---|---|----------------------------|
| | | | | <input type="checkbox"/> Others | |

23.5 Amount of co-funding required that has not yet been received but the sources have been identified and there is high degree of confidence in realization (INR Cr). *Ensure that this is equal to or lower than the amount mentioned in 22.2 above. Mandatory only for select entities i.e. if the applicant has selected either MSME registered with Udyam or Pharma/MedTech company in Q8 as a lead entity or in Q13.1 as one of the collaborating entities requesting funding in MMM AND the proposed project does not align with the National Health Priorities; optional for other applicants. [Optional]*

- Only refer to amounts fully available for expenditure on this project, provide the amount up to 2 decimal places*

23.6 Please provide details of amount of co-funding required that has not yet been received but the sources have been identified and there is high degree of confidence in realization. *This question will be mandatorily invoked if amount of co-funding in Q22.5 is greater than 0. [Optional]*

| S No. | Type of source <i>Drop-down</i> | Expected amount to be received from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Expected date of receiving funds & rationale for utilizing this source <i>Text box-max 500 characters</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|-------|--|--|---|--|--|---|
| 1 | <input type="checkbox"/> Internal budget allocation/ Self-funding <input type="checkbox"/> Funding from domestic individuals or institutional | | | | <input type="checkbox"/> Certified copy of board resolution earmarking amount <input type="checkbox"/> Audited financial statements for the | <div style="background-color: #0070C0; color: white; padding: 10px; border-radius: 10px; width: fit-content; margin: 0 auto;"> Mandatory: Upload evidence </div> |

| S. No. | Type of source <i>Drop-down</i> | Expected amount to be received from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Expected date of receiving funds & rationale for utilizing this source <i>Text box-max 500 characters</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|--------|---|--|---|--|--|----------------------------|
| | <ul style="list-style-type: none"> <input type="checkbox"/> Funding from foreign institutional investors <input type="checkbox"/> Funding through other grants/ alternate government schemes <input type="checkbox"/> Others | | | | <ul style="list-style-type: none"> recent financial years indicating free reserves <input type="checkbox"/> Copy of binding term sheet, or equivalent funding document. <input type="checkbox"/> Copy of sanction order or equivalent documentation, along with a self-declaration of non-overlap with MMM scope, and scope of the other governmental grant. <input type="checkbox"/> Letter of intent bearing amount, | |

| S. No. | Type of source <i>Drop-down</i> | Expected amount to be received from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Expected date of receiving funds & rationale for utilizing this source <i>Text box-max 500 characters</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|--------|---|--|---|--|--|---|
| | | | | | terms of disbursal and contact details for verification <input type="checkbox"/> Others | |
| 2 | <input type="checkbox"/> Internal budget allocation/Self-funding <input type="checkbox"/> Funding from domestic individuals or institutional investors <input type="checkbox"/> Funding from foreign institutional investors <input type="checkbox"/> Funding through other grants/alternate government schemes <input type="checkbox"/> Others | | | | <input type="checkbox"/> Certified copy of board resolution earmarking amount <input type="checkbox"/> Audited financial statements for the three most recent financial years indicating free reserves <input type="checkbox"/> Copy of binding term sheet, or equivalent funding document. <input type="checkbox"/> Copy of sanction | <div style="background-color: #0070C0; color: white; padding: 10px; text-align: center; border-radius: 10px;"> Mandatory: Upload evidence </div> |

| S. No. | Type of source <i>Drop-down</i> | Expected amount to be received from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Expected date of receiving funds & rationale for utilizing this source <i>Text box-max 500 characters</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|--------|--|--|---|--|---|--|
| | | | | | <p>order or equivalent documentation, along with a self-declaration of non-overlap with MMM scope, and scope of the other governmental grant.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter of intent bearing amount, terms of disbursement and contact details for verification <input type="checkbox"/> Others | |
| 3 | <ul style="list-style-type: none"> <input type="checkbox"/> Internal budget allocation/Self-funding <input type="checkbox"/> Funding from domestic individuals | | | | <ul style="list-style-type: none"> <input type="checkbox"/> Certified copy of board resolution earmarking amount <input type="checkbox"/> Audited financial | <div style="background-color: #0070C0; color: white; padding: 10px; border-radius: 10px; display: inline-block;"> Mandatory: Upload evidence </div> |

| S. No. | Type of source <i>Drop-down</i> | Expected amount to be received from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Expected date of receiving funds & rationale for utilizing this source <i>Text box-max 500 characters</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|--------|---|--|---|--|---|----------------------------|
| | <ul style="list-style-type: none"> <input type="checkbox"/> or institutional investors <input type="checkbox"/> Funding from foreign institutional investors <input type="checkbox"/> Funding through other grants/alternate government schemes <input type="checkbox"/> Others | | | | <ul style="list-style-type: none"> statements for the three most recent financial years indicating free reserves <input type="checkbox"/> Copy of binding term sheet, or equivalent funding document. <input type="checkbox"/> Copy of sanction order or equivalent documentation, along with a self-declaration of non-overlap with MMM scope, and scope of the other governmental grant. | |

| S. No. | Type of source <i>Drop-down</i> | Expected amount to be received from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Expected date of receiving funds & rationale for utilizing this source <i>Text box-max 500 characters</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|--------|---|--|---|--|---|---|
| | | | | | <input type="checkbox"/> Letter of intent bearing amount, terms of disbursal and contact details for verification <input type="checkbox"/> Others | |
| 4 | <input type="checkbox"/> Internal budget allocation/Self-funding <input type="checkbox"/> Funding from domestic individuals or institutional investors <input type="checkbox"/> Funding from foreign institutional investors <input type="checkbox"/> Funding through other grants/alternate government schemes <input type="checkbox"/> Others | | | | <input type="checkbox"/> Certified copy of board resolution earmarking amount <input type="checkbox"/> Audited financial statements for the three most recent financial years indicating free reserves <input type="checkbox"/> Copy of binding term sheet, or equivalent | <div data-bbox="1252 1052 1421 1318" style="background-color: #0070C0; color: white; padding: 10px; border-radius: 10px; text-align: center;"> Mandatory: Upload evidence </div> |

| S. No. | Type of source <i>Drop-down</i> | Expected amount to be received from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Expected date of receiving funds & rationale for utilizing this source <i>Text box-max 500 characters</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|--------|------------------------------------|--|---|--|---|----------------------------|
| | | | | | funding document. <input type="checkbox"/> Copy of sanction order or equivalent documentation, along with a self-declaration of non-overlap with MMM scope, and scope of the other governmental grant. <input type="checkbox"/> Letter of intent bearing amount, terms of disbursal and contact details for verification <input type="checkbox"/> Others | |

| S. No. | Type of source <i>Drop-down</i> | Expected amount to be received from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Expected date of receiving funds & rationale for utilizing this source <i>Text box-max 500 characters</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|--------|---|--|---|--|---|--|
| 5 | <ul style="list-style-type: none"> <input type="checkbox"/> Internal budget allocation/S elf-funding <input type="checkbox"/> Funding from domestic individuals or institutional investors <input type="checkbox"/> Funding from foreign institutional investors <input type="checkbox"/> Funding through other grants/ alternate government schemes <input type="checkbox"/> Others | | | | <ul style="list-style-type: none"> <input type="checkbox"/> Certified copy of board resolution earmarking amount <input type="checkbox"/> Audited financial statements for the three most recent financial years indicating free reserves <input type="checkbox"/> Copy of binding term sheet, or equivalent funding document. <input type="checkbox"/> Copy of sanction order or equivalent documentation, along with a self-declaration of non- | <div style="background-color: #0070C0; color: white; padding: 10px; border-radius: 10px; display: inline-block;"> Mandatory: Upload evidence </div> |

| S. No. | Type of source <i>Drop-down</i> | Expected amount to be received from this source (INR Cr) | Legal name of funding source <i>Text box</i> | Expected date of receiving funds & rationale for utilizing this source <i>Text box-max 500 characters</i> | Type of supporting evidence <i>Drop-down</i> | Upload supporting evidence |
|--------|------------------------------------|--|---|--|--|----------------------------|
| | | | | | <p>overlap with MMM scope, and scope of the other governmental grant.</p> <p><input type="checkbox"/> Letter of intent bearing amount, terms of disbursement and contact details for verification</p> <p><input type="checkbox"/> Others</p> | |

23.7 Remaining amount of co-funding required that whose sources have not yet been identified but is required for successful completion of this project. *[Optional]*

Auto-populated as per formula: Input in 22.2 – Input in 22.3 – Input in 22.5

24. Please provide brief justification for the proposed project budget, explaining how the requested costs align with the project scope, milestones, and TRL. *Mandatory for all.*

i *The justification should focus on necessity and proportionality of costs, not administrative descriptions.*

25. Have you applied to any additional government grants/schemes within the last 2 years?
If so, please specify. *[Optional]*

| S. No. | Name of the grant/scheme | Funding amount requested (INR Cr) | Year of application | Status of application |
|--------|--------------------------|-----------------------------------|---------------------|--|
| 1 | <i>(Optional)</i> | | | <i>Dropdown –</i> <input type="checkbox"/> <i>Selected for funding/ conditional offer granted</i> <input type="checkbox"/> <i>Application under review</i> <input type="checkbox"/> <i>Rejected</i> |

| S. No. | Name of the grant/scheme | Funding amount requested (INR Cr) | Year of application | Status of application |
|--------|--------------------------|-----------------------------------|---------------------|---|
| 2 | <i>(Optional)</i> | | | <i>Dropdown –</i> <input type="checkbox"/> Selected for funding/ conditional offer granted <input type="checkbox"/> Application under review <input type="checkbox"/> Rejected |
| 3 | <i>(Optional)</i> | | | <i>Dropdown –</i> <input type="checkbox"/> Selected for funding/ conditional offer granted <input type="checkbox"/> Application under review <input type="checkbox"/> Rejected |
| 4 | <i>(Optional)</i> | | | <i>Dropdown –</i> <input type="checkbox"/> Selected for funding/ conditional offer granted <input type="checkbox"/> Application under review <input type="checkbox"/> Rejected |
| 5 | <i>(Optional)</i> | | | <i>Dropdown –</i> <input type="checkbox"/> Selected for funding/ conditional offer granted <input type="checkbox"/> Application under review <input type="checkbox"/> Rejected |

Section 4: Novelty & Differentiation

Section 4: Novelty & Differentiation


26. Please briefly explain any novel features of the proposed product/ technology. *(Text box, 1000 characters)*

27. Please describe the current standard of care for the intended use case and outline the key unmet needs or limitations associated with existing solutions. *(Text box, 1500 characters)*

28. Please describe how the proposed product/ technology addresses the unmet needs of the current standard of care and benefits the target end users. Identify a maximum of 5 differentiations and provide justification for each claim.

| S. No. | Point of differentiation | Justification for differentiation <i>(Text box, 1000 characters)</i> | Upload supporting evidence |
|----------------------|---|---|--|
| 1 <i>(Mandatory)</i> | <p><i>(Select one) –</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Higher sensitivity and specificity <input type="checkbox"/> Better patient outcomes Vs. standard of care <input type="checkbox"/> Easier to use / better ergonomics <input type="checkbox"/> Better tolerability and safety <input type="checkbox"/> More cost effective <input type="checkbox"/> Portable or miniaturized <input type="checkbox"/> Higher speed / lower latency <input type="checkbox"/> Lower power consumption <input type="checkbox"/> Others | | <div style="border: 1px solid #0070C0; border-radius: 10px; background-color: #0070C0; color: white; padding: 5px 20px; display: inline-block;">Optional: Upload</div> |

| S. No. | Point of differentiation | Justification for differentiation <i>(Text box, 1000 characters)</i> | Upload supporting evidence |
|---------------------|---|---|---|
| 2 <i>(Optional)</i> | <i>(Select one) –</i> <input type="checkbox"/> Higher sensitivity and specificity <input type="checkbox"/> Better patient outcomes Vs. standard of care <input type="checkbox"/> Easier to use / better ergonomics <input type="checkbox"/> Better tolerability and safety <input type="checkbox"/> More cost effective <input type="checkbox"/> Portable or miniaturized <input type="checkbox"/> Higher speed / lower latency <input type="checkbox"/> Lower power consumption <input type="checkbox"/> Others | | <input type="button" value="Optional: Upload"/> |

| S. No. | Point of differentiation | Justification for differentiation <i>(Text box, 1000 characters)</i> | Upload supporting evidence |
|---------------------|---|---|---|
| 3 <i>(Optional)</i> | <i>(Select one) –</i> <input type="checkbox"/> Higher sensitivity and specificity <input type="checkbox"/> Better patient outcomes Vs. standard of care <input type="checkbox"/> Easier to use / better ergonomics <input type="checkbox"/> Better tolerability and safety <input type="checkbox"/> More cost effective <input type="checkbox"/> Portable or miniaturized <input type="checkbox"/> Higher speed / lower latency <input type="checkbox"/> Lower power consumption <input type="checkbox"/> Others | |  |

| S. No. | Point of differentiation | Justification for differentiation <i>(Text box, 1000 characters)</i> | Upload supporting evidence |
|---------------------|--|---|--|
| 4 <i>(Optional)</i> | <p data-bbox="415 390 602 422"><i>(Select one) –</i></p> <ul style="list-style-type: none"> <li data-bbox="415 533 760 611"><input type="checkbox"/> Higher sensitivity and specificity <li data-bbox="415 632 688 751"><input type="checkbox"/> Better patient outcomes Vs. standard of care <li data-bbox="415 772 748 850"><input type="checkbox"/> Easier to use / better ergonomics <li data-bbox="415 871 760 949"><input type="checkbox"/> Better tolerability and safety <li data-bbox="415 970 727 1001"><input type="checkbox"/> More cost effective <li data-bbox="415 1022 634 1100"><input type="checkbox"/> Portable or miniaturized <li data-bbox="415 1121 748 1199"><input type="checkbox"/> Higher speed / lower latency <li data-bbox="415 1220 646 1297"><input type="checkbox"/> Lower power consumption <li data-bbox="415 1318 558 1350"><input type="checkbox"/> Others | | <div data-bbox="1117 394 1401 472" style="background-color: #0070C0; color: white; padding: 5px; border-radius: 10px; display: inline-block;">Optional: Upload</div> |

| S. No. | Point of differentiation | Justification for differentiation <i>(Text box, 1000 characters)</i> | Upload supporting evidence |
|---------------------|---|---|--|
| 5 <i>(Optional)</i> | <p><i>(Select one) –</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Higher sensitivity and specificity <input type="checkbox"/> Better patient outcomes Vs. standard of care <input type="checkbox"/> Easier to use / better ergonomics <input type="checkbox"/> Better tolerability and safety <input type="checkbox"/> More cost effective <input type="checkbox"/> Portable or miniaturized <input type="checkbox"/> Higher speed / lower latency <input type="checkbox"/> Lower power consumption <input type="checkbox"/> Others | | <div data-bbox="1117 394 1404 472" style="background-color: #0070C0; color: white; padding: 5px; border-radius: 10px; display: inline-block;">Optional: Upload</div> |

29. Please list the closest existing comparable or substitute products currently available in the Indian market, including any predicate. Provide details for up to three products.

i For reference, CDSCO's list of approved medical devices can be found on the link: [ListOfApprovedDevices](#)
[ListOfIvdMdApprovedDevices](#).

The same may be used to identify the presence of a predicate device.

| S. No. | Product Category | Product Name | Manufacturer Name | Is this device a predicate? | Rationale (why/ why not predicate) |
|------------------|------------------|--------------|-------------------|--|------------------------------------|
| 1 (Mandatory) | | | | Dropdown: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 (Optional) | | | | Dropdown: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 (Optional) | | | | Dropdown: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

30. Is the core innovation and advancement of the product / technology protected / protectable through IP mechanisms?

(Select only one as applicable)

Yes

No

If selected Yes above.

30.1 Who is the owner / expected owner of the core intellectual property of the project? *(Select only one as applicable)*

- Lead applicant entity or PI Collaborator/
- Partner
- Jointly owned (applicant-collaborator)
- In-licensed by applicant
- In-licensed by collaborator

30.2 What is the current status of the patent for the core intellectual property of the project? You can mention up to 5 patents.

Patent 1:

(Select only one as applicable)

- Granted
- Filed
- Intend to file

If Granted or Filed:

30.2.1 Please list any granted/filed patents that directly support this project:

| S. No. | Patent No | Patent title | Owner | Classification | Status | Patent Expiry Date | Document link | Applicable geographies |
|--------|-----------|--------------|-------|--|--|--------------------|---------------|------------------------|
| 1 | | | | <i>Show dropdown:</i> <ul style="list-style-type: none"> • Product <input checked="" type="radio"/> Process <input checked="" type="radio"/> Both | <i>Show dropdown:</i> <ul style="list-style-type: none"> <input checked="" type="radio"/> Granted <input checked="" type="radio"/> Filed | | | |

If 'Intend to file':

30.2.2 Please list the patent claims you may file in the future.

Patent 2:

(Select only one as applicable)

Granted

Filed

Intend to file

If Granted or Filed:

30.2.3 Please list any granted/filed patents that directly support this project:

| S No. | Patent No | Patent title | Owner | Classification | Status | Patent Expiry Date | Document link | Applicable geographies |
|-------|-----------|--------------|-------|--|---|--------------------|---------------|------------------------|
| 1 | | | | <i>Show dropdown:</i> <ul style="list-style-type: none">• Product• Process• Both | <i>Show dropdown:</i> <ul style="list-style-type: none">• Granted• Filed | | | |

If 'Intend to file':

30.2.4 Please list the patent claims you may file in the future.

Patent 3:

(Select only one as applicable)

Granted

Filed

Intend to file

If Granted or Filed:

30.2.5 Please list any granted/filed patents that directly support this project:

| S No. | Patent No | Patent title | Owner | Classification | Status | Patent Expiry Date | Document link | Applicable geographies |
|-------|-----------|--------------|-------|--|---|--------------------|---------------|------------------------|
| 1 | | | | <i>Show dropdown:</i> <ul style="list-style-type: none">• Product• Process• Both | <i>Show dropdown:</i> <ul style="list-style-type: none">• Granted• Filed | | | |

If 'Intend to file':

30.2.6 Please list the patent claims you may file in the future.

Patent 4:

(Select only one as applicable)

Granted

Filed

Intend to file

If Granted or Filed:

30.2.7 Please list any granted/filed patents that directly support this project:

| S No. | Patent No | Patent title | Owner | Classification | Status | Patent Expiry Date | Document link | Applicable geographies |
|-------|-----------|--------------|-------|--|---|--------------------|---------------|------------------------|
| 1 | | | | <i>Show dropdown:</i> <ul style="list-style-type: none">• Product• Process• Both | <i>Show dropdown:</i> <ul style="list-style-type: none">• Granted• Filed | | | |

If 'Intend to file':

30.2.8 Please list the patent claims you may file in the future.

Patent 5:

(Select only one as applicable)

Granted

Filed

Intend to file

If Granted or Filed:

30.2.9 Please list any granted/filed patents that directly support this project:

| S No. | Patent No | Patent title | Owner | Classification | Status | Patent Expiry Date | Document link | Applicable geographies |
|-------|-----------|--------------|-------|--|---|--------------------|---------------|------------------------|
| 1 | | | | <i>Show dropdown:</i> <ul style="list-style-type: none">• Product• Process• Both | <i>Show dropdown:</i> <ul style="list-style-type: none">• Granted• Filed | | | |

If 'Intend to file':

30.2.10 Please list the patent claims you may file in the future.

31. Have any patents been identified that may conflict with or that may restrict progress on this project (up to 10 via prior art analysis or via freedom to operate studies)?

(Select only one as applicable)

Yes

No

If selected 'Yes' above, then answer below:

List up to 10 potentially conflicting patents identified with respect to this project and share their details.

| S No. | Patent No | Patent title | Patent geography | Reasons for posed restriction | Countering measures |
|-------|-----------|--------------|------------------|-------------------------------|---------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

| S No. | Patent No | Patent title | Patent geography | Reasons for posed restriction | Countering measures |
|-------|-----------|--------------|------------------|-------------------------------|---------------------|
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

32. Please list any Background Technology that will be used in the project. ‘Background Technology’ means all products, services, processes, technologies, materials, software, data, or other innovations, and intellectual property created by you or a third party prior to or outside of the project and used as part of the project. Commonly available, off-the-shelf products (such as Microsoft Excel, Adobe, etc.) do not need to be disclosed.

Applicants can add upto 10 items.

| S No. | Background Technology | Is this Background Technology owned, controlled, or developed by you or sublicensable by you | Do you need permission or a license from any third party to use this Background Technology to achieve global access | If any permission/license is needed, please describe your plan and timeline to obtain such permission/license. If received already, please provide details. | If this Background Technology is subject to IP rights, please identify and include any links to applications, filings or registrations as applicable: |
|-------|-----------------------|--|---|---|---|
| 1 | | Show dropdown: <input type="radio"/> Yes <input type="radio"/> No | Show dropdown: <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| 2 | | Yes No | Yes No | | |

| S No. | Background Technology | Is this Background Technology owned, controlled, or developed by you or sublicensable by you | Do you need permission or a license from any third party to use this Background Technology to achieve global access | If any permission/license is needed, please describe your plan and timeline to obtain such permission/license. If received already, please provide details. | If this Background Technology is subject to IP rights, please identify and include any links to applications, filings or registrations as applicable: |
|-------|-----------------------|--|---|---|---|
| 3 | | Yes No | Yes No | | |
| 4 | | Yes No | Yes No | | |
| 5 | | Yes No | Yes No | | |
| 6 | | Yes No | Yes No | | |
| 7 | | Yes No | Yes No | | |
| 8 | | Yes No | Yes No | | |
| 9 | | Yes No | Yes No | | |
| 10 | | Yes No | Yes No | | |

Section 5: Commercial Potential

Section 5: Commercial Potential

33. Please estimate the Total Addressable Market (TAM), i.e. defined as the maximum annual revenue opportunity in India if 100% of the demand for this product were captured.

33.1 Total Addressable Market in India (INR Cr/year) *(Numeric, Upto 2 decimals)*

33.2 Please briefly explain how you arrived at the estimate above, including key assumptions, data sources, and references where available. *(Text box – 1000 characters)*

34. Please upload key details on commercial potential as per the template below.

[Download template](#)

[Mandatory: Upload template](#)

Section 6: Impact Potential

Section 6: Impact Potential

Public Health Impact

35. Disease Area. (Rank up to 3)

35.1 Select Rank 1 from below drop down.

- Cardiology & Vascular Medicine
- Endocrinology & Metabolism (including Diabetes)
- Gastroenterology & Hepatology
- Haematology
- Immunology & Rheumatology
- Infectious Diseases & Microbiology
- Neurology
- Psychiatry & Mental Health
- Oncology
- Pulmonary & Critical Care
- Nephrology
- Reproductive Health & Gynaecology
- Obstetrics & Maternal Health
- Paediatrics & Neonatology
- Nutrition
- Geriatrics
- Dermatology
- Ophthalmology
- Otorhinolaryngology (ENT)
- Musculoskeletal & Orthopaedics
(including Physical Medicine & Rehabilitation)
- General / Acute Care Surgery
- Anaesthesia & Peri-operative Care
- Transplant Medicine
- Genetics & Genomic Medicine / Rare Diseases
- Urology
- Oral Health

35.2 Select Rank 2 from below drop down. [Optional]

- Cardiology & Vascular Medicine
- Endocrinology & Metabolism (including Diabetes)
- Gastroenterology & Hepatology
- Haematology
- Immunology & Rheumatology
- Infectious Diseases & Microbiology
- Neurology
- Psychiatry & Mental Health
- Oncology
- Pulmonary & Critical Care
- Nephrology
- Reproductive Health & Gynaecology
- Obstetrics & Maternal Health
- Paediatrics & Neonatology
- Nutrition
- Geriatrics
- Dermatology
- Ophthalmology
- Otorhinolaryngology (ENT)
- Musculoskeletal & Orthopaedics
(including Physical Medicine & Rehabilitation)
- General / Acute Care Surgery
- Anaesthesia & Peri-operative Care
- Transplant Medicine
- Genetics & Genomic Medicine / Rare Diseases
- Urology
- Oral Health

35.3 Select Rank 3 from below drop down. [Optional]

- Cardiology & Vascular Medicine
- Endocrinology & Metabolism (including Diabetes)
- Gastroenterology & Hepatology
- Haematology
- Immunology & Rheumatology

- Infectious Diseases & Microbiology
- Neurology
- Psychiatry & Mental Health
- Oncology
- Pulmonary & Critical Care
- Nephrology
- Reproductive Health & Gynaecology
- Obstetrics & Maternal Health
- Paediatrics & Neonatology
- Nutrition
- Geriatrics
- Dermatology
- Ophthalmology
- Otorhinolaryngology (ENT)
- Musculoskeletal & Orthopaedics
(including Physical Medicine & Rehabilitation)
- General / Acute Care Surgery
- Anaesthesia & Peri-operative Care
- Transplant Medicine
- Genetics & Genomic Medicine / Rare Diseases
- Urology
- Oral Health

35.1 .1 *If Infectious diseases & microbiology selected, answer the following question:*

Does the product / technology align with any of the following? If so, please select one option that best fits your product / technology. *(Select only one as applicable)*

- Tuberculosis
- AMR
- Vector-borne disease
- Neglected tropical diseases
- Epidemic & pandemic readiness
- Others, please specify below

If selected Other, add details

36. Does your product / technology align with a national health priority? Please refer to <https://sl1nk.com/p1gj3x3> Annexure III *(Select only one as applicable)*

- No, the proposed product / technology does not align with any national health priority
- Yes, the proposed product / technology does align with any national health priority *(If selected, then ask next question)*

36.1 Select up to 3 national health priorities aligned to the proposed product / technology *(Select up to 3 from below dropdown)*

- Communicable Diseases *If selected, (select only one as applicable)*
 - Tuberculosis
 - Vector-borne disease
 - AMR
 - Neglected Tropical Diseases
 - Epidemic and Pandemic Readiness
- Non-communicable Diseases *If selected, (select only one as applicable)*
 - Cancer
 - Mental Health
 - Ambulatory care
 - Other non-communicable diseases
- Woman and Child Health and Nutrition *If selected, (select only one as applicable)*
 - Anemia
 - Childhood malnutrition
 - Neonatal Care (including neonatal respiratory distress, neonatal support technologies and broader neonatal care continuum)
 - Maternal Health (including antenatal, intrapartum and postpartum care)
 - Women's Health
- Primary Health Care
- Acute Ambulatory Care
- Oral Health
- AI in Health Care
- Cell and Gene Therapy (Rare genetic diseases)

37. Please describe the care setting in which your product / technology is best suited. (You may select more than one option)

- Primary Care
- Outpatient / Ambulatory Care
- Hospital / Acute Care
- Home & Long-Term Care
- Diagnostics / Labs

38. Please explain how the proposed project fits into the care pathways of the health area(s) selected above. *(Text box, 1000 characters)*

39. Please describe the overall output and outcomes, including how the proposed product/ technology will help reduce disease burden, improve patient outcomes, or impact public health. *(Text box, 1000 characters)*

40. Please estimate the number of patients or consumers in India who could benefit from the project output per year and briefly explain the basis for your estimate.

40.1 Estimated number of patients / consumers per year (India) *(No Negative entries, Set a Positive Limit)*

40.2 Approach for estimation. *(Text box, 1000 characters)*

Import Substitution Impact

41. Do you expect the proposed product to significantly reduce import dependence for India? *Select one option that is applicable*

- Yes - *Show details below if selected*
- No

If selected yes, then answer below questions

41.1 Please provide your best estimate for the total value of imports for this product each year in India. *Numeric, INR Cr*

41.2 Please briefly explain how you arrived at the estimate above, including key assumptions, data sources, and references where available

41.3 Please provide the HSN code for your product category *Numeric, 8 digits; OPTIONAL*

41.4 Please provide details of up to 3 imported products that your proposed product/ technology could replace.

| S No | Product Category | Company/ Manufacturer | Product Name/ Model | Average unit price in India today (best estimate, INR) | Description of imported product and rationale for why the proposed product is comparable |
|-------------------------|------------------|-----------------------|---------------------|--|--|
| 1 <i>(Mandatory)</i> | | | | | |
| 2 <i>(Optional)</i> | | | | | |
| 3 <i>(Optional)</i> | | | | | |

42. Are you the first domestic manufacturer for this proposed product/ technology in India?

select one option

Yes

No

If yes, show: Please justify your answer.

If no, show: Please list up to 3 closest products manufactured in India that are available in the market or under development, to the best of your knowledge.

| S No | Product Category | Company/ Manufacturer | Product Name/ Model | Stage of development | Description of product and explanation of why the proposed product is comparable or different |
|------------------|------------------|-----------------------|---------------------|---|---|
| 1 [Mandatory] | | | | <p>(select one):</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Proof of concept. <input type="radio"/> Validation (pre clinical/clinical development); <input type="radio"/> Commercialization <p>If commercialized, average unit price in India today (INR)</p> | |
| 2 [Optional] | | | | <p>(select one):</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Proof of concept. <input type="radio"/> Validation (pre clinical/clinical development); <input type="radio"/> Commercialization <p>If commercialized, average unit price in India today (INR)</p> | |

| S No | Product Category | Company/ Manufacturer | Product Name/ Model | Stage of development | Description of product and explanation of why the proposed product is comparable or different |
|------------------------|------------------|-----------------------|---------------------|---|---|
| 3 <i>[Optional]</i> | | | | <p><i>(select one):</i></p> <p><input checked="" type="radio"/> Proof of concept.</p> <p><input type="radio"/> Validation (pre clinical/clinical development);</p> <p><input type="radio"/> Commercialization</p> <p>If commercialized, average unit price in India today (INR)</p> | |

43. Does the product require any critical components that are import-dependent? If so, please provide details of the 5 most critical or high-cost components. *[Optional]*

| S No | Name of imported component <i>(Max 20 words)</i> | HSN code of component <i>(Input box for numbers, No negatives)</i> | Cost of imported component (INR) – <i>Input box for numbers (No negatives)</i> |
|----------------------|---|---|--|
| 1. <i>(Optional)</i> | | | |
| 2. <i>(Optional)</i> | | | |
| 3. <i>(Optional)</i> | | | |
| 4. <i>(Optional)</i> | | | |
| 5. <i>(Optional)</i> | | | |

44. What is the projected sales price per unit at commercialization? (INR) *(numeric input)*

44.1 Please briefly explain how you arrived at the estimate above. *(text box, 1000 characters)*

45. Please explain how the projected sales price compares to imported or domestic alternatives on the market today, specifying competitor product prices and the percentage difference vs the proposed project sales price at commercialization.

| S. No. | Name of imported / domestic component <i>(Max 20 words)</i> | Competitor Name <i>(Text Box)</i> | Competitor Product Price (INR) – <i>Input box for numbers (No negatives)</i> | % Difference vs the proposed project sales price <i>(Calculated)</i> |
|--------|--|--------------------------------------|--|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Section 7: Relevant Team Capabilities & Skills

Section 7: Relevant Team Capabilities & Skills

46. Please upload key details on team capabilities & skills as per the template below

[Download template](#)

[Mandatory: Upload template](#)

Section 8: Additional information

Section 8: Additional information

47. Have you used or engaged with any of the following initiatives?

i *Non evaluative question. For reference:*

MedTech Mitra <https://medtechmitra.icmr.org.in/>

Patent Mitra <https://patentmitra.icmr.org.in/>

ICMR INTENT clinical trials network <https://intent.icmr.org.in/>

OPTIONAL; dropdown, can select multiple options

- Medtech Mitra
- Patent Mitra
- ICMR INTENT clinical trials network

Optional: Upload Supporting evidence to show the guidance and support received or being received by the applicant under any of

48. Describe what other non-financial support would be beneficial to achieve your project objectives.

i *Non evaluative question*

OPTIONAL; dropdown, can select multiple options

- Patent Support
- Regulatory Support
- Clinical Trial Network
- Follow-on funding
- Mentorship Support
- Other Support

49. Please provide further details and elaborate how you would like MAHA MedTech to support you with achieving project objectives.

i *Non evaluative question*

OPTIONAL; text box, 500 characters.

Section 9: Uploads

Section 9: Uploads

Template uploads: [\[All uploads are Mandatory\]](#)
[\[Mandatory\]](#)

| Section | Question No & Description | Upload |
|---------|--|------------------------|
| 3 | Q19: Details on methodology, technical rigor & viability as per the template | Upload |
| 5 | Q34: Details on commercial potential as per the template | Upload |
| 7 | Q46: Details on team capabilities & skills as per the template | Upload |

Other Document uploads:

| Section | Question No & Description | Upload |
|---------|---|------------------------|
| 2 | Q11: DSIR certification or any other supporting document illustrating presence of relevant facilities, institutional resources, and credentials to conduct genuine research and development for the proposed project. [Mandatory] | Upload |
| 2 | Q8: Endorsement letter or letter of support from the head of the institution of PI. [Mandatory] Download template here | Upload |
| 2 | Q13: MoU or letter of support from the head of the collaborating entity. [Mandatory] | Upload |
| 3 | Q14 TRL evidence (Please upload all evidence as one consolidated pdf. Lack of evidence may lead to disqualification of applicant.) [Mandatory] | Upload |
| 3 | Q20.2.1: Supporting evidence for funding sources [Mandatory] | Upload |
| 3 | Q20.2.2: Supporting evidence for funding sources [Mandatory] | Upload |
| 3 | Q20.2.3: Supporting evidence for funding sources [Mandatory] | Upload |
| 3 | Q23.4.1: Supporting evidence for co-funding sources available as cash-in-bank [Mandatory] | Upload |

| Section | Question No & Description | Upload |
|---------|---|------------------------|
| 3 | Q23.4.2: Supporting evidence for co-funding sources available as cash-in-bank <i>[Mandatory]</i> <i>This row will be invoked only if the applicant adds another row 2 in table Q22.4</i> | Upload |
| 3 | Q23.4.3: Supporting evidence for co-funding sources available as cash-in-bank <i>[Mandatory]</i> <i>This row will be invoked only if the applicant adds another row 3 in table Q22.4</i> | Upload |
| 3 | Q23.6.1: Supporting evidence for co-funding sources not yet realized <i>[Mandatory]</i> | Upload |
| 3 | Q23.6.2: Supporting evidence for co-funding sources not yet realized <i>[Mandatory]</i> <i>This row will be invoked only if the applicant adds another row 2 in table Q22.6</i> | Upload |
| 3 | Q23.6.3: Supporting evidence for co-funding sources not yet realized <i>[Mandatory]</i> <i>This row will be invoked only if the applicant adds another row 3 in table Q22.6</i> | Upload |
| 3 | Q22: Supporting evidence for budget heads <i>[Optional]</i> | Upload |
| 3 | Q28.1 Evidence to show 1 st differentiation over current standard of care <i>[Optional]</i> | Upload |
| 3 | Q28.2 Evidence to show 2 nd differentiation over current standard of care <i>[Optional]</i> | Upload |
| 3 | Q28.3 Evidence to show 3 rd differentiation over current standard of care <i>[Optional]</i> | Upload |
| 3 | Q28.4 Evidence to show 4 th differentiation over current standard of care <i>[Optional]</i> | Upload |
| 3 | Q28.5 Evidence to show 5 th differentiation over current standard of care <i>[Optional]</i> | Upload |
| 9 | Q47 Supporting evidence to show the guidance and support received or being received by the applicant under any of the initiatives of funding partner/ ICMR e.g., acknowledgment mail for approval <i>[Optional]</i> | Upload |
| | Additional legal and compliance documents/ requirements by funding partner(s) <i>[Conditional Mandatory]</i> Download template here | Upload |

| Section | Question No & Description | Upload |
|---------|---|---------------------------------------|
| | <i>Consolidated list of changes made to the full application submission vis-a-vis Concept Note application</i> [Conditional Mandatory] Download template here | <input type="button" value="Upload"/> |
| | <i>Presentation Template for Technical Review</i> [Mandatory] Download template here | <input type="button" value="Upload"/> |
| | Additional Upload_1 [Optional] | <input type="button" value="Upload"/> |
| | Additional Upload _2 [Optional] | <input type="button" value="Upload"/> |
| | Additional Upload_3 [Optional] | <input type="button" value="Upload"/> |

Section 10: Declaration

Section 10: Declaration

It is hereby declared that the information furnished in this application and any associated uploads / submissions is true and correct to the best of its knowledge and that no material particulars or information have been concealed or withheld and the undersigned, for and on behalf of (the “Applicant”) hereby assures, declares and undertakes the following:

- That the applicant has read and understood the terms and conditions specified in the Scheme, the guidelines, and all associated materials provided on the online portal.
- That the applicant ensures all information submitted as part of this application is true, complete, and accurate.
- That the applicant ensures that any co-funding from other Government schemes is not applied to the same scope of activities proposed under this Scheme, such that the combined financial support from this Scheme and any other Government scheme does not exceed the approved total project cost.
- That the applicant ensures no expenditure that is ineligible under the Scheme has been included in the project plan submitted with this application.
- That the applicant undertakes to extend full cooperation in the event of any queries and to provide timely, complete, and accurate responses or documents as required.
- That the applicant undertakes to comply with all applicable requirements for technical and financial progress reporting, and to furnish any additional information sought by the funder or the Government.
- That the applicant understands that proposals may be considered for funding by multiple participating funders, and additional requirements may apply depending on the funding source.
- That, if selected for support from specific funders (including the Gates Foundation), the applicant agrees to comply with applicable legal, financial, and programmatic requirements, including entering into a separate project agreement prior to fund disbursement.
- That the applicant confirms compliance with all applicable laws and regulations, including FCRA requirements where applicable.

I confirm that I have read, understood, and agree to the above declaration and the terms and conditions of the Scheme.

Application cannot be submitted unless this box is checked

Name of Authorized Signatory (Lead PI)

Designation

Name of Applicant Entity

Date

Applicant Guidance for “Strategic Prioritization of Medical Technologies for the MAHA MedTech Mission”

*Mission for Advancement in High-Impact Areas (MAHA) - MedTech Mission
Anusandhan National Research Foundation (ANRF) In collaboration with
Indian Council of Medical Research and Gates Foundation*

Dear Applicants,

The results of the **CFP for Concept Note stage of the MAHA MedTech Mission (MMM)** have been announced and shared with applicants over email.

To facilitate preparation for the next stage of **Full Application**, and ahead of the **launch of the digital Full CFP Application Form on the ANRF portal in the coming days**, the following documents and templates are being made available for reference and applicant guidance:

1. Template 1: Full CFP Application Form
2. Template 2: Additional Information on Methodology, Technical Rigor & Feasibility
3. Template 3: Additional Information on Commercial Potential
4. Template 4: Additional Information on Relevant Team Capabilities & Skills

These templates are **editable documents** intended to supplement corresponding sections of the Full CFP Application Form and to provide clarity on the information and level of detail expected in online application form.

Applicants are advised to:

- Review and begin filling these templates in advance
- Compile all required **supporting evidence and documentation**
- Maintain consistency with information to be submitted on the portal

Please note:

- Template 1 is **for preparatory purposes only** and should not be submitted/uploaded independently. However, Templates 2, 3 and 4 above on Additional Information need to be uploaded as part of online application form on ANRF portal once the form goes live.
- The **Full CFP Application Form will be made live on the ANRF portal separately**, and applicants will be notified accordingly.
- Responses prepared in these templates may be **transferred to the portal form upon activation**.

For **technical issues** related to the online application process, please contact support@anrfonline.in. In case of any questions relating to format or templates, please reach out to mahamedtechmission@gmail.com.

Applicants are also advised to refer to the **ANRF portal for FAQs, updates, and additional templates/resources**.

Regards,

MAHA MedTech Mission Team