

Spin off Proposal Form

Form ORIC-UOS-10

Instructions:

1. Please only type in the gray area by clicking the cursor there
2. Try to write precisely
3. Hard copy/handwritten forms will not be entertained
4. After completion, convert the form into PDF for onward transmission
5. Share it from the head’s official email account to ORIC at [**oric.media@uos.edu.pk**](mailto:oric.media@uos.edu.pk)

**A. Please tell us about yourself so we can better furnish our value proposition for you**

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| --- | --- | --- |
| 1. | Name: |  |

|  |  |  |
| --- | --- | --- |
| 2. | Designation: |  |

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| --- | --- | --- |
| 3. | Faculty: |  |

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| --- | --- | --- | --- | --- |
| 4. | Contact Details?(How may we access you for further support): | Phone: |  | Email: |

|  |  |  |
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| 5. | Your areas of expertise where we can arrange more support for you? | |
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**B. Please tell us more about your Spin-off proposal**

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| 1. | Proposed Title of the Spin-off | |
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| --- | --- | --- |
| 2. | What does your spin-off sell? | |
|  | | 1. Product 2. Service 3. Other |

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| --- | --- | --- |
| 3. | Details of research / project that supports the development of spin-off | |
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| 4. | Names and expertise of team members involved in the research / project | |
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| 5. | Identify the target market of the proposed spin-off | |
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| 6. | Can you estimate the size of market? | |
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| --- | --- | --- |
| 7. | Justification of the venture (e.g., objectively mention exact market need, societal impact etc.) | |
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| 8. | Please indicate if lab. testing is required? | |
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| 9. | If yes, kindly indicate your preferred labs. for testing with reasons for recommending them | |
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| 10. | Does the knowledge product require optimization of results, in addition to lab? tests, for commercialization? | |
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| 11. | Has the prototype already been developed? | |
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| --- | --- | --- |
| 12. | Who tested it? Attach test report (optional) | |
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| 13. | Have you conducted market survey of the developed prototype and sold/serviced any items? Please indicate a cost-benefit analysis (can attach sperate sheet) | |
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| 14. | Your choice of registration of this Spin-off i.e. | Independent entity as: | * sole proprietor * Partnership * Pvt. Limited Co | |
|  |  | |  |
|  | Subsidiary of University of Sargodha. |  | |
|  | | | | |
|  |  | others. |  | |
|  | | | | |

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| 15. | Has an intellectual property been applied / acquired during the work leading to proposed spin-off? | |
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| 16. | Do you have any Intellectual Property (IP) which would support the Spin-off? | |
|  | | * Design * Patent (mention registration number) \_\_\_\_\_\_\_\_\_\_\_\_\_ * Copyright * Other * None now but under process * None |

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| 17. | Please identify the intellectual property that may be created from the proposed spin-off? | |
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| 18. |  | Who are your partner/s (from University of Sargodha) | | Name. |  |
|  |
|  |  | Designation. |  |
|  | | |  | | |
|  |  |  | | Affiliation. |  |
|  | | |  | | |
|  |  |  | | Contact No. &Email. |  |

Extend this part further if more than one partners are involved.

Who are your partner/s (from outside Sargodha University – please segregate academic and industrial partners)

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| --- | --- | --- | --- | --- | --- |
| 19. |  | Outside UOS | | Name. |  |
|  |
|  |  | Designation. |  |
|  | | |  | | |
|  |  |  | | Affiliation. |  |
|  | | |  | | |
|  |  |  | | Contact No. &Email. |  |

*\*Extend this part further if more than one partners are involved.*

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| 20. | Damaging clause if any from third party. | |
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| 21. | Please describe your SWOT analysis (briefly and objectively). | |
|  | | * Preferaby in Bullet Format |

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| 22. | What value ORIC may propose you? Tick all you want. | | |
| I | | Firm / Company formation services |  |
|  |
| Ii | | Legal services |  |
|  |
| Iii | | HR and Corporate Services |  |
|  |
| Iv | | Financial/Audit Services |  |
|  |
| V | | Prototyping |  |
|  |
| Vi | | Market Analysis and Marketing Services |  |

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| --- | --- | --- | --- | --- | --- |
|  | *I confirm that the information disclosed above is free from any conflict of interest and correct*. | | | | |
|  | | Name: |  | Signautre: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Remarks by the Dean (strength of the proposal may be vital aspect of the remarks)** | |  |  | | | |
|  |  |  |  | | | |
|  | | |  | | | | | |
|  |  |  | | **Endorsement by the Dean Concerned:** | Name: |  | Signaute/Stamp: |  |
|  | | |  | | | | | |
|  |  |  | | Contact No. &Email. |  | | | |

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|  |  |  |
| --- | --- | --- |
| 1. | Ref. Number: |  |

|  |  |  |
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| 2. | Date of Proposal: |  |

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| --- | --- | --- |
| 3. | Assessment of the Proposal (on predefined rubrics): |  |

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| --- | --- | --- |
| 4. | Points of redressal in case of Deferment: |  |

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| --- | --- | --- |
| 5. | Support to be provided (mark the relevant): | * Legal services * HR and Corporate Services * Financial/Audit Services * Prototyping * Marketing and Market Analysis Services * Any other * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 6. | Remarks, if any and forwarded to: |  |

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| --- | --- | --- | --- | --- | --- |
|  |  |  | | **Manager I&C:** |  |
|  |
|  |  | **Deputy Director ORIC:** |  |
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\_\_\_\_\_\_\_\_\_\_\_\_

Director ORIC

Remarks if any;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice-Chancellor