PROFORMA - P

NOMINATION FOR AICMA AWARD

INNOVATION AWARD FOR CYCLE / PARTS CATEGORY	**Photo of the innovative product**

- **Name of the company …….**
- **Address, Email, and Phone number ……..**
- **Whether the innovated product is related to the cycle /its parts? (Yes/No) …….**
- **Details specific to innovated Cycle/ Part s**

Sr No	Parameter	Description
i	Name of the product Innovated	
ii	Whether the product innovated in-house? (yes/no)	
iii	Hardware (Say 3D printing & Advanced tools) and software (CAD/CAM) set up for in-house R&D	
iv	R&D manpower employed and details	
v	Year of Innovation	

vi	**Applied / Registered as patent, design, trade mark & its Number**	
vii	**Date of commercial production, year-wise volume, and value of production in the last three FYs.**	
viii	**Total exports, name of countries, and value in last three FTs**	
ix	**Technical features of the product** **(a) Idea - Relevance /Fit for purpose** **(b)Differentiation-Innovation/branding** **(c)Design-Shape/ configuration/aesthetic** **(d) Function- Usability / Efficiency/ user benefits** **(e)Impact-social benefits/Recyclable/Eco-friendly**	
x.	**Pl. attach a copy of the product catalog**	

- **Whether any legal dispute is pending against the innovation either in the court or otherwise? (Yes/No) ……**
- **A brief in 100 words about the innovative product**

  ……..
- **In a similar category, has the company received any award(s) previously, if yes; provide the award title, awarding agency, and conferred by. ……**
- **Please provide names of two users (but not relative), who are using the product ……..**
- **I declare that the information provided above is true to the best of my knowledge. We shall fully abide by the rules and regulations of the AICMA Award, and understand and accept that the decision of the Award committee will be final in all respects, and that no correspondence or appeal will be accepted on the committee's decision. We understand that no canvassing will be entertained in this regard.**

- **Pl fill proforma and other details and email it to - sgaicma@gmail.com**

Signature

(Name of the authorized Person)

Designation and ph no