|  |
| --- |
| *(\* as Required information)* |
|  |
| **Your company**  |
| 1. Participant (and, if applicable, Participant Team) Name \* |
|  |
| 2. Company Registration Country \* |
|  |
| 3. Company Location City \* |
|  |
| 4. Company Founding Year \* |
|  |
| 5. Company Financing Stage \* (describe funding stage, cumulative funding received and funding sources at time of application) |
|  |
| 6. Contact Person \* |
|  |
| 7. Contact Number \* |
|  |
| 8. Contact Email \* |
|  |
| 9. Company website, app, online demonstration, or product video |
|  |

|  |
| --- |
| **Your proposal** |
| 1. Executive summary \* (an abstract highlighting the key points of the proposal) |
|  |
| 2. Team \* (core members and bio sketch) |
|  |
| 3. Company mission statement \* (explain Company’s purpose(s) for being or describe Company’s fundamental goals, culture, values, and ethics in concise terms) |
|  |
| 4. Target market and unmet need, value proposition \* (briefly introduce problem(s), solution or product, target customers and impact) |
|  |
| 5. Platform and validation \* (describe core technology and its competitive advantage) |
|  |
| 6. Relevant intellectual property \* (list published patents and unpublished core IP with brief introduction, all based on non-confidential information) |
|  |
| 7. Your research/business plan and goal in 1-2 years \* |
|  |
| 8. Anticipated benefits from the EntreStar program \* |
|  |
| 9. Supportive PDF document \* (please submit a pitch deck as visual support to the word document above, suggested contents may include but are not limited to company and team introduction, problem identification, solution/technology, target market segment, business plan.) |
|  |

|  |
| --- |
|  |
| **Additional info.** |
| 1. Explain how you heard about the Novo Nordisk X ATLATL EntreStar program \* |
|  |
| 2. Previous contact with Novo Nordisk? Which colleague/department? \* |
|  |
|  |
| By filling in this application form, we, the team and team members who are applying for this Novo Nordisk X ATLATL EntreStar project, acknowledge and confirm that (please confirm all below): |
| □ We have read, understood and accepted the consent of Terms and Conditions for this project. |
| □ We agree that all the personal data and business information provided in above and other documents provided for this project may be shared with Novo Nordisk A/S and its subsidiaries inside or outside China, may be shared with or published by third parties providing service to Novo Nordisk A/S and its subsidiaries inside or outside China, and that we have obtained all relevant team member or individual’s consent for the same. |
| □ No health care professionals or health care organization in our team to participate in this application/project. |