# SWITCH TO INNOVATION – IDEA SUBMISSION FORM

***Part 1- Personal details (if you are a team, mention only 1 person's name for correspondence)***

* Full Name-
* Profession-
* Course/ Field-
* Educational Qualification

(include year if student)-

* College name/ Workplace-
* City of Residence-
* Contact No-
* Email ID-

***Part 2- Kindly provide the answers to the following questions, adhering to word limits. You can refer the sample form for guidance.***

1. ***Problem Statement (200 words).***
2. ***What's the need for this innovation?***
3. ***Name your Innovation/Idea ( 10 words)***

1. ***Describe your Innovation in Brief. (300 words)***

1. ***Support your idea with thorough internet researches & facts***

1. ***References (links)***
2. ***Additional Details if any***
3. ***Attachments***

1. ***Expectations from Us.***

***The statements mentioned above are my original work. No work has been carried out in the past or is on going on the same idea, to the best of my knowledge. I will not hold SWITCH INDIA or other associates responsible in case of any intellectual property theft.***

Signature & Date

Please Note:

* The form has to be downloaded, filled and resent on [switchindiamedicalinnovation@gmail.com](mailto:switchindiamedicalinnovation@gmail.com)
* No handwritten forms will be accepted. Forms must be typed.
* An original digital signature or a picture of your signature in black ink on a white blank paper can be uploaded at the end of your form.
* All fields must be filled in this format only, failing which the form will not be considered for further scrutiny by the panel.
* You will be informed about the selection of your idea by Switch India & further correspondence regarding the same shall be handled by Switch India.
* For any queries you can mail to [switchindiamedicalinnovation@gmail.com](mailto:switchindiamedicalinnovation@gmail.com)