

# APPLICATION FILE

## STARTUP



La **Maison** de l'**Innovation**  
de la **MÉDECINE SPÉCIALISÉE**

### **Startup / project**

Name :

### **Contact person :**

Name / Surname :

Address :

E-mail :

Phone number :

# MODALITIES

## STARTUP FILE



La **Maison** de l'**Innovation**  
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The aim of the application file proposed by The House of Innovation of Specialized Medicine (MIMS) is to understand and know the Startup or the project to check the compliance with the mission of the MIMS.

This file must be made as complete as possible.

Submission of file can be done by email at the address :

[emilie.raynal@mims-france.fr](mailto:emilie.raynal@mims-france.fr)

or by mail at the following address :

La Maison de l'Innovation de la Médecine Spécialisée

4 rue Scheurer Kestner

86000 Poitiers

The House of Innovation of Specialized Medicine (MIMS) undertakes to keep all information and data entrusted to it strictly confidential.

For further information :

[emilie.raynal@mims-france.fr](mailto:emilie.raynal@mims-france.fr)

# LETTER OF SUBMISSION

## STARTUP FILE



La **Maison** de l'**Innovation**  
de la **MÉDECINE SPÉCIALISÉE**

Date

La Maison de l'Innovation  
de la Médecine Spécialisée  
Mr. President  
22 route du Bois de Moulin  
86240 SMARVES

Subject : file submission

Mr. Président,

I have the honour of sending you my application, which you will find complete, for presentation to the the MIMS Scientific and Strategic Committees.

I wish to send it to you for the following reasons:

I certify on my honor the accuracy of the information provided in this application.

Should you require any further information, please do not hesitate to contact me,

Best regards,

Name, function

# TEAM PRESENTATION

## STARTUP FILE



La **Maison** de l'**Innovation**  
de la **MÉDECINE SPÉCIALISÉE**

Number of employees:

Surname, first name :

Date and place of birth :

Address :

Zip code :

City :

Phone number :

E-mail :

### **Current professional situation :**

Company director

Employee

Student

Job seeker

Other :

### **Skills training :**

Specific to the project :

Qualifications / certificates :

**EXACT TITLE**

**OBTAINING DATE**

# TEAM PRESENTATION

## STARTUP FILE



La **Maison** de l'**Innovation**  
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COMPANY NAME / POSITION HELD

YEAR

-

-

Did you receive any support for your project?

No      Yes, by which organization?

Have you been accommodated in an incubator for your project?

No      Yes, which one ?

# PRESENTATION OF THE PROJECT / THE STARTUP

## STARTUP FILE



La **Maison** de l'**Innovation**  
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### **Business creation**

Planned creation date:

Company / Project name :

Legal form planned :

Capital and proposed distribution :

### **Company already created**

Company name :

Date and place of registration :

Legal form :

Capital :

Partners and capital breakdown :

Head office address :

Phone number :

Website (if any) :

# PRESENTATION OF THE PROJECT / THE STARTUP

## STARTUP FILE



La **Maison** de l'**Innovation**  
de la **MÉDECINE SPÉCIALISÉE**

SIRET Number :

NAF Code :

Tax system :

Social security :

**Project background and history :**

**What goals are you pursuing with your project ?**

**How do you see your company in 3 years ?**

# PRESENTATION OF THE PROJECT / THE STARTUP

## STARTUP FILE



La **Maison** de l'**Innovation**  
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Product or service

**Field of activity :**

**Product or service description :**

**(functionalities, technical characteristics, performance, strengths, weaknesses, functionalities in relation to the customer's needs and the benefits provided, whether there are existing substitute or quasi-similar solutions)**

**Description of how your startup / project innovates :**



# MARKET OVERVIEW

## STARTUP FILE



La **Maison** de l'**Innovation**  
de la **MÉDECINE SPÉCIALISÉE**

**Distribution / marketing :**

**Target customers :**

**Do you have an order book :**

**Have you identified your prescribers :**

# MARKET OVERVIEW

## STARTUP FILE



La **Maison** de l'**Innovation**  
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**Who will be your suppliers / distributors :**

**Difficulties encountered in your development :**

# PRESENTATION OF THE STRATEGY

## STARTUP FILE



La **Maison** de l'**Innovation**  
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**Planned business strategy :**  
(sales target, pricing policy, competition)

**Marketing strategy :**  
(target, resources, costs)

**Financial plan :**  
(investment needs, sources of financing)

# INTEGRATION

## STARTUP FILE



La **Maison** de l'**Innovation**  
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**Do you have any partners or partnership projects :**

**Your reasons for contacting MIMS, your expectations :**