

# BHARAT RATNA SIR MV Young Innovators Challenge 2026

## OFFLINE IDEA SUBMISSION FORM

For Students · Schools · School dropouts

**Important:** Idea submission is FREE and OPEN. Fill clearly in pen or ink. Attach extra sheets, photos, sketches, documents, audio/video details, or prototype details if required. After submission, you will receive an Application ID for online tracking.

A

### APPLICANT DETAILS

Full Name	Phone Number
Email Address	Age
Gender (M / F / Other / Prefer not to say)	City / Village / District
State	School Name
Preferred Language	
<b>Parent/Coordinator Details</b> Parent/coordinator details are required for applicants.	
Parent / Coordinator Full Name	Relationship to Applicant
Parent / Coordinator Phone	Parent / Coordinator Email (optional)
Parent / Coordinator Signature	Date (DD / MM / YYYY)

B

### APPLICANT TYPE — TICK ONE OR MORE

<input type="checkbox"/> Individual Innovator	<input type="checkbox"/> Team / Group	<input type="checkbox"/> School dropout
<input type="checkbox"/> School		

C

PROGRAM / SUBMISSION TRACK — TICK ONE PRIMARY TRACK

 Local / Regional Innovation National / International Innovation K-12 / School Innovation IFIA / Partner Referral Other: \_\_\_\_\_

D

IDEA DETAILS

**Idea Title**

Give your idea a short, clear name.

**What problem does your idea solve?**

Describe the problem clearly. Who faces it? How many people are affected? Why is it serious?



D

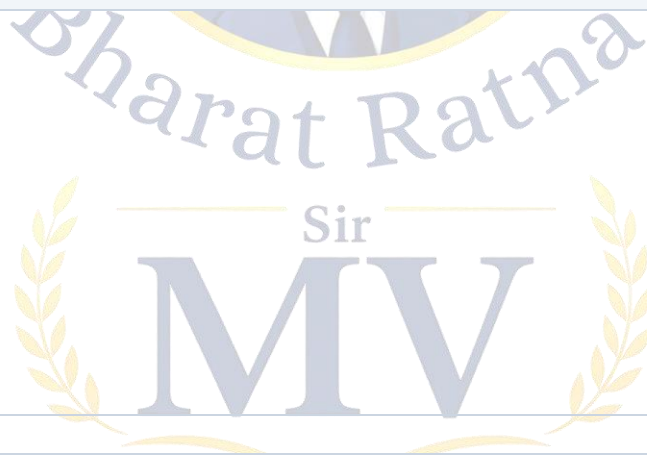
IDEA DETAILS CONTINUED

**Explain your solution / innovation in detail**

How does your idea work? What is the method, product, or process? Include key steps or components.

**Who will benefit from this idea?**

Examples: rural farmers, school children, patients, small businesses, women, senior citizens, etc.

**Where and how can this idea be used?**

Examples: villages, hospitals, schools, factories, homes, outdoor settings, across India, globally, etc.

D

## IDEA DETAILS CONTINUED

**What makes your idea new or different from existing solutions?**

What is unique, better, cheaper, simpler, safer, or more accessible about your idea?

E

## INNOVATION CATEGORY — TICK ONE OR MORE

<input type="checkbox"/> Agriculture & Farming	<input type="checkbox"/> Water & Sanitation	<input type="checkbox"/> Waste Management
<input type="checkbox"/> Healthcare / Medical	<input type="checkbox"/> Education & Learning	<input type="checkbox"/> Environment & Climate
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> AI / Technology / Digital	<input type="checkbox"/> Renewable Energy
<input type="checkbox"/> Women Safety & Empowerment	<input type="checkbox"/> Rural Innovation	<input type="checkbox"/> Food & Nutrition
<input type="checkbox"/> Transportation & Mobility	<input type="checkbox"/> Other: _____	

F

## PROTOTYPE / DEVELOPMENT STATUS — TICK ONE

<input type="checkbox"/> Only an idea / concept	<input type="checkbox"/> Drawing or sketch available
<input type="checkbox"/> Basic prototype or model available	<input type="checkbox"/> Working model ready for demonstration
<input type="checkbox"/> Product tested with real users	<input type="checkbox"/> Need help to build prototype

G

## SUPPORT NEEDED — TICK ALL THAT APPLY

<input type="checkbox"/> Mentorship from experts	<input type="checkbox"/> Prototype development support	<input type="checkbox"/> Technical review & feedback
<input type="checkbox"/> Funding / grant guidance	<input type="checkbox"/> Patent / IP guidance	<input type="checkbox"/> Incubation support
<input type="checkbox"/> Exhibition / showcase opportunity	<input type="checkbox"/> Market access / commercialization	<input type="checkbox"/> Legal support
<input type="checkbox"/> Networking with innovators	<input type="checkbox"/> Other: _____	

H

## ATTACHMENTS CHECKLIST — TICK WHAT YOU ARE INCLUDING

<input type="checkbox"/> Additional written document	<input type="checkbox"/> Letter / handwritten explanation
<input type="checkbox"/> Photographs of prototype or idea	<input type="checkbox"/> Design sketches or diagrams
<input type="checkbox"/> Audio recording (USB/device)	<input type="checkbox"/> Video demonstration (USB/device)
<input type="checkbox"/> Research notes or reports	<input type="checkbox"/> Other: _____

I

## DECLARATION AND CONSENT

I confirm that the information provided in this form is true and accurate to the best of my knowledge. I understand that the idea submitted will be reviewed by the NMF-IFIA Innovation Hub team and may be evaluated by field-specific jury experts.

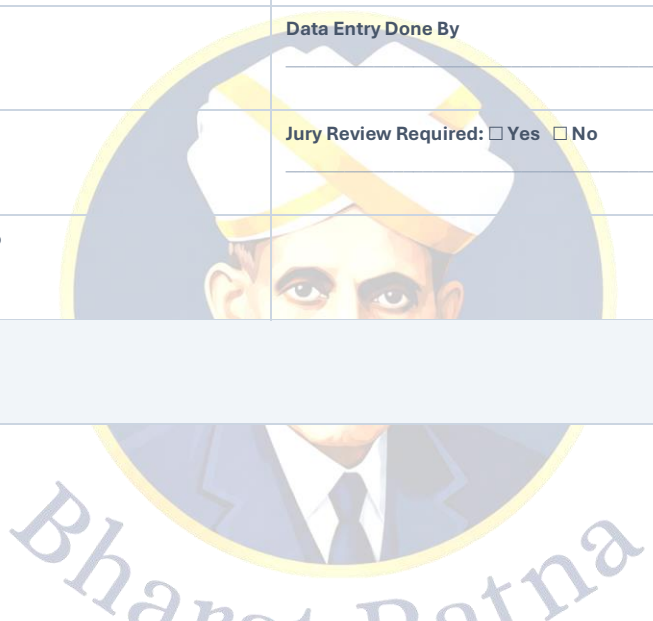
I agree to be contacted for clarification, mentoring, prototype support, or further programme opportunities. I declare that this idea is my own original work, or developed by my team, and I take responsibility for the authenticity of the content provided.

Applicant Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_ Place: \_\_\_\_\_



J

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SECTION

Received By _____	Received Date _____
Submission Source _____	Intake ID _____
Application ID (assigned on entry) _____	Completeness Check: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete _____
Verified By _____	Data Entry Done By _____
Public Domain Review Status _____	Jury Review Required: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Converted to Digital Idea Record: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<b>Missing Information (if any)</b> For admin/team use only.	
	

**Admin Notes**

For admin/team use only.



After submission, the applicant will receive an Application ID to track the idea at <https://sirmv-idea.org/>. Attach additional sheets, photos, sketches, documents, or prototype details if required. Submit this completed form to the nearest NMF centre or authorised programme coordinator.