

#### **Invention Disclosure Form**



## Intellectual Property Rights Cell Bharathiar University, Coimbatore - 641 046

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#### 2. Name and contact informations of the inventors

(Name, Address, Telephone No, Mobile No, E-mail Id, Add a symbol on main inventor name to whom communication has to be sent)

#### 3. Source of funding for the project

(Institute funding / Industry funded / Govt. aided / consultancy - with or without prior contractual agreement / Any other)
If yes please give details.

4. **Is the work bound by any agreement / contract / MOU**?(please tick which ever applicable)

Yes No

If yes please give details.

5.	Field of the invention:
6.	Is the patent (to be filed) for a process/product/design?
7.	Novelty of the invention:
8.	Abstract of the invention:
9.	Photographs / Drawings of the article (if any/Design):
10.	<b>Existing state-of-art related to the invention</b> (Includes Patent, Literature Searches, etc.) and how your invention is advantageous?
11.	<ul> <li>Indicate whether any biological materials is used YES NO NA</li> <li>If yes, please provide the details of the biological resources/ or associated knowledge used in the invention:</li> <li>If yes, please mention the geographical location from where the biological resources used in the invention are collected:</li> </ul>

12. Industrial applications of the invention:
13. List the products or process that competes with your invention.
14. Approximate commercialization value of your invention/design:
15. <b>Is there any company/companies</b> (along with their complete contact detail including mobile no and email id), <b>which may be interested in your invention design?</b>

# I/We the undersigned inventor(s), through my/our activities

**SIGNATURE** 

hereby, declare that any information pertaining to the above furnished inventions, ideas, trademarks, copyrights, designs, etc are results of my/our true works. I acknowledge that Intellectual Property Rights Cell (IPR Cell), Bharathiar University, Coimbatore is accepting this information for review purposes only. I/We also understand that any comments, suggestions, reports, etc which I/We receive review based upon this analysis is neither meant nor understood to be a conclusive legal opinion. Further, I/We agree that IPR Cell, Bharathiar University, Coimbatore cannot be held responsible for acceptance or rejection or any other office actions of my/our

inventions, creations, copyrights, trademarks, designs by appropriate authorities. Hereby disclose this "Invention" to the IPR Cell, Bharathiar University, Coimbatore on the date signed below. I/We understand that my/our obligations regarding this Invention are governed by the Bharathiar University "IPR Policy". I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements are believed to be true

Signature of the Inventor(s)	
By:	By:
Name:	Name:
Date:	Date:
B <sub>17</sub> .	B <sub>17</sub>
By:	By:
Name:	Name:
Date:	Date:

[Please submit the completed Invention Disclosure Form and Signature Page signed by all inventors and a Hard copy forwarded by Head of the Department to "The Director, Intellectual Property Rights Cell, Bharathiar University, Coimbatore-46".]

### **FOR OFFICE USE ONLY**

1. Name of the person who made the search:		
2. Name of the person who drafted the specification:		
3. Kind of specification: Provisional Specification / Complete Specification		
4. Date of Filing the provisional specification to the patent office:		
5. Date of Filing the Complete specification to the patent office:		
6. Date of request for publication:		
7. Date of request for examination:		
8. Date of Grant of patents:		
9. Actions taken by the patent office:		
10. Details of any pre/ post grant oppositions:		
11. Detector of Eigel Decision on the Detect		
11. Details of Final Decision on the Patent:		