**INTELLECTUAL PROPERTY RIGHTS FILING FORM**

**(for application with the Project/CPDA/Institute Funding)**

**Please use this form for all types of IP (Patent, Copyright, Design, Marks)**

**SECTION A: GENERAL INFORMATION**

**Title of the Invention:**

**Inventor(s):** (Please list all inventors involved in the main inventive step)

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| --- | --- |
| 1. Name:

(PI-Inventor)\* | 1. Name:
 |
| Department: | Department: |
| Institute: ABV-IIITM Gwalior | Institute: |
| Email:  | Email: |
| Contact address:  | Contact address:  |
| Mobile: | Mobile: |
| 1. Name:
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| Department: | Department: |
| Institute: | Institute: |
| Email:  | Email: |
| Contact address:  | Contact address:  |
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*Note: \*(1) PI-Inventor should be a faculty member/Staff affiliated with ABV-IIITM, Gwalior.*

 *(2) Students should use their personal (permanent) email ID.*

 *(3) The table may be extended in case the number of inventors exceeds four.*

**SECTION B: TECHNICAL DETAILS OF THE INVENTION**

1. **Domain/Area of Invention:**
2. **Problem Addressed:**
3. **Proof of Concept / Prototype Tested:**

☐ **Yes** ☐ **No**

1. **Potential Applications:**

**SECTION C: OWNERSHIP AND FUNDING DETAILS**

1. **Source of Funding:**
(***Mention funding details***)

 ☐ FIG Project ☐ CPDA ☐ Sponsored Project ☐ Institute ☐ Consultancy ☐ Other (Specify)

1. Whether the invention has been disclosed before in public by publication /presentation /poster/display/launch?
☐ Yes ☐ No

 If yes, provide details:

1. If the Invention is an outcome from Projects/Consultancy etc., funded by an external agency, does this require approval of the same for the Patent?

 ☐ Yes ☐ No

1. Was this IP developed as part of academic research?
☐ Yes ☐ No

 Mention:

**SECTION D: REVENUE SHARING AGREEMENT**

Please indicate the contribution percentage for each inventor.

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| NAME OF THE INVENTOR (S) | % SHARE\* | SIGNATURE |
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*If left blank, equal contribution will be assumed by default.* *The table may be extended in case the number of inventors exceeds four.*

**SECTION E: DECLARATION**

1. We, the undersigned inventors, confirm that the intellectual property associated with this invention will be affiliated to **ABV-IIITM Gwalior**, and we agree to **abide by all Institute policies and rules** regarding IP filing, commercialization, revenue sharing, and ownership.
2. In case any objections are raised by the attorney or the patent office, the inventors are required to prepare a technical response and submit it to the firm through the appropriate channel.
3. I hereby declare that the above information is true and correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
| NAME OF THE INVENTOR (S) | SIGNATURE | DATE |
|  |  |  |
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*The table may be extended in case the number of inventors exceeds four.*

**SECTION E: ADMINISTRATIVE AND FINANCIAL APPROVAL AS PER THE ACTUAL COST (AS PER MOU)**

**Finance Section:** Funds are Available or not in the mentioned **Source of Funding**? ☐ Yes ☐ No

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**DoRC:** ☐ Recommended to Pay ☐ Not Recommended to Pay

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Director:** ☐ Approved ☐ Not Approved

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_