

Crescent Innovation & incubation Council (CIIC), Chennai 600048.

E-mail: ceociic@crescent.education

Sl.No:
(For CIIC Office Use only)

Date:

Invention Disclosure Form

GENERAL INFORMATION

I. TITLE OF THE INVENTION

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II. CONTACT INFORMATIONS

1. Details of the main inventor:

Name (Official Designation & Address with Phone No)	Permanent Address with Phone No	Citizenship	Mobile No's	E mail id

2. Details of the additional inventors:

S.No	Name (Official Designation & Address with Phone No)	Permanent Address with Phone No	Citizenship	Mobile No's	E mail id
1					
2					

3. To whom communication has to be sent (Name, Address, Telephone No, Mobile No, E-mail Id, etc):

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III. INFORMATIONS FOR PATENT

1. Field of the invention:

2. Novelty of the invention:

3. Innovative features:

4. Abstract of the invention:

5. Background of the invention:

6. Existing state-of-art related to the invention (Includes Patent, Literature Searches, etc)

a) The kind of patent search you request for (Please Tick)

☐

Prior-Art Search

☐

Freedom to Operate

☐

Patent Validity Search

☐

Infringement Search

☐

Inventor/Assignee Search

☐

Bibliographic Search

☐

Not Preferred

7. Drawbacks of the existing state-of-art and how the drawbacks have been overcome and advantages of your invention:

8. Detailed description of the invention with drawings (If any):

9. Industrial applications of the invention:

10. List of keywords (*in capital letters*) relevant to the invention:

IV. FUNDING SUPPORT FOR THE INVENTION

1. Sponsoring agency:

a) Whether the invention developed under any project funds: ☐ YES ☐ NO

b) If yes, name of the funding agency along with the reference No and Date:

(Please enclose the first approval letter from the Agency)

V. PUBLIC DISCLOSURE

1. Whether the invention has been described or discussed in any journals, abstracts, papers, conferences, oral presentations, news, thesis or other mediums?

☐ YES ☐ NO (If yes give the details).

VI. USE OF PROPRIETARY MATERIALS

1. Indicate whether any part of the invention is based on the proprietary material(s) or special technique(s) obtained from a third party (such as a company or another institution):

☐ YES ☐ NO (If yes give the details).

2. Indicate whether any biological materials is used ☐ YES ☐ NO ☐ NA

a) If yes, please provide the details of the biological resources/ or associated knowledge used in the invention:

b) If yes, please mention the geographical location from where the biological resources used in the invention are collected:

3. Have you deposited the biological materials (if any) in an International Depository Authority (IDA)?

☐ YES ☐ NO ☐ NA (If yes give the details).

a) Name and address of the International Depository Authority:

b) Date and number of deposition of the Biological material(s):

VII. MARKET EVALUATION

1. Whether your invention is concept only, laboratory tested or prototype.

2. List the products or process that competes with your invention.

3. Suggest few companies (along with their complete contact details including mobile no and email id), which may be interested in your invention?

4. Approximate commercialization value of your invention:

VIII. INFORMATION FOR DESIGN PATENT

1. Title of the invention:

2. Novelty of the invention:

3. Innovative features:

4. Abstract of the invention:

5. Background of the invention:

6. Detailed description of the invention:

7. Photographs / Drawings of the article in seven views (front, rear, top plan, bottom plan, left and right side elevation and isometric), (six copies of each view).

8. Industrial applications of the invention:

IX. INFORMATION FOR TRADEMARK REGISTRATION

1. Name of the Trademark:

(Provide exact name which has to be trademarked)

2. Logo to be Trademarked:

(Provide correct aspect ratio, size, colours of logo, etc, which has to be trademarked)

3. Trade Description: (please Tick appropriate Trade of yours)

Goods

Services

4. Please explain the type of Goods or Services:

5. Date of Trademark first used:

X. INFORMATION FOR COPYRIGHT FILING

1. Type of creation (Please tick)

Artistic Works

Musical Works

Literature Works

Dramatic Works

2. Provide brief description of the functionality/use of your creation

3. Whether the work is published or unpublished:

4. Language of the work:

XI. OTHER INFORMATION

(Only for the members of Anna University consisting of CEG, MIT, A.C.Tech & SAP campuses)

1. List of three expert members (along with their Name, Designation, Official Address, Residential Address, Mobile No, Office Phone No, Residential Phone No, E-mail id, etc) in the field of proposed invention (*preferably in and around Chennai*).

XII. SIGNATURE

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

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 Crescent Innovation & Incubation Council (CIIC), Chennai 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 CIIC, Chennai 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 %~~in~~vention+ to the CIIC, Chennai on the date signed below. I/We understand that my/our obligations regarding this Invention are governed by the CIIC %~~IPR~~ Policy+.

Signature of the Inventor(s)

By :	By:
Name :	Name:
Date:	Date:
By :	By:
Name :	Name:
Date:	Date:

Please submit the completed Invention Disclosure Form and Signature Page signed by all inventors and a soft copy (in person) to

**The Director,
Crescent Innovation & Incubation Council -CIIC
BSA Crescent Institute of Science and Technology,
Vandalur, Chennai – 600 048.**

Payment shall be made in the form of Demand Draft in favour of

“THE DIRECTOR, Crescent Innovation & Incubation Council -CIIC - 25”,

Payable at **CHENNAI**

FOR OFFICE USE ONLY

1. Name of the person who made the search: _____

2. Kind of search made:

- ☐ Prior-Art Search
- ☐ Freedom to Operate
- ☐ Patent Validity Search
- ☐ Infringement Search
- ☐ Inventor/Assignee Search
- ☐ Bibliographic Search

3. Name of the person who drafted the specification: _____

4. Kind of specification:

- ☐ Provisional Specification
- ☐ Complete Specification

5. Date of Filing the provisional specification to the patent office: / /20

6. Date of Filing the Complete specification to the patent office: / /20

7. Date of request for publication: / /20

8. Date of request for examination: / /20

9. Initiatives taken for commercialization:

10. Actions taken by the patent office:

11. Details of any pre grant oppositions filed:

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12. Date of counters filed to the Patent office:

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14. Date of Grant of patents: / /20

15. Details of any post grant oppositions:

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16. Details of Final Decision on the Patent:

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