

PATENT CELL
Indian Institute of Technology
(Banaras Hindu University)
Varanasi-221 005

Form for Invention Details

A. Fill your personal & contact details

The details required are for the person completing this Disclosure Form for his/her Invention. **It is important that No Any inventive step or knowhow should be disclosed in this form.** It is just to know the patent possibility and prior arts related to the area of invention.

Title	Prof./Dr./Mr./Ms.
First Name	
Last name	
Employee ID	
Dept./Unit/Group	
Position held	
Tel no.	
Fax no.	
Cell no.	
Email	
Postal address	
Postal code	

B. Classify the invention a new product, a new process, or the composition of new material.

C. Title for the invention
D. Description of the invention (which can be public) and how it works?
E. Short description of the various components of the invention (which can be public).

F. Novelty of the invention and Patent Search Report in the related area (Please use extra sheet if required).

G. Present stage of technical development?

H. This work / invention is part of sponsored project/ funded by other institutions /industry

No ☐

Yes

Provide Details:

I. Patent Agents empanelled with the Institute for Patent Filing (Inventor has to select any one patent agent from the below for its Patent Filing)

1. M/s. Patentwire Consultants Pvt. Ltd.

☐

2. M/s. Khurana & Khurana Advocates and IP Attorneys

☐

J. I have read the rules of Indian patent Office and also will be abide by the rules of IIT (BHU) Varanasi regarding IPR.

Signatures of all the inventors with Full Name and Address.

(Each inventor must sign below.)

Each inventor named must sign and print his/her full name and the date in the space provided. The first signature should be that of the person completing this Invention Disclosure.

Signature.....

Name, Address, Mob No. and Email.....

Date.....

Signature.....

Name, Address, Mob No. and Email.....

Date.....

Return To: (Hard Copy)

Forwarded:

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Coordinator

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INDIAN INSTITUTE OF TECHNOLOGY

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HoD/Coordinator/ In Charge

