



INVENTION DISCLOSURE FORM

PART - I

(To be provided for evaluation and filing of patent application)

1. Title of the project / Invention / New Technology (More than 10 words)

2. Inventor(s) / collaborator(s) filling the patent

a) Full name of the inventor : _____

Designation : _____

Emp. ID / Reg. No : _____

School : _____

Office Address : _____

Intercom / Mobile No : _____

E-mail : _____



b) Full name of the inventor : _____

Designation : _____

Emp. ID / Reg. No : _____

School : _____

Office Address : _____

Intercom / Mobile No : _____

c) Full name of the inventor : _____

Designation : _____

Emp. ID / Reg. No : _____

School : _____

Office Address : _____

Intercom / Mobile No : _____

E-mail : _____

3. Principal Investigator(PI) _____

4. Sponsor(s) / Source of funding of the project / consultancy – with or without prior

Contractual agreement



5. Is the work bound by any agreement / contract?
6. Date of start of the project.
7. Origin of the idea/ invention: by whom and when?
8. Any help received from others in conception of the idea?
9. First record of initial idea/invention (Oral/written/conceptualization)
10. Has the work been displayed/reported/published /presented (oral or poster) anywhere? If yes, give full description, including name, place and date of the event.
11. Has any related patents been filed by the inventor?
12. I agree to assign to VIT University my rights in this invention

Inventor`s Signature -----Dated-----

Inventor`s Signature -----Dated-----

Inventor`s Signature -----Dated-----

13. I agree to assign to Vellore Institute of Technology, Vellore my rights in this invention
14. I confirm that the details furnished in respect of this invention / Technology are correct and agree to the request for filling of an application patent with the names of the inventors as proposed above

Date:

Signature of the Principal Investigator of the project