**ST. JOSEPH’S COLLEGE (AUTONOMOUS)**

Tiruchirappalli – 620 002

**Application for Patent Facilitation**

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| --- |
| 1. Profile of the Applicant for Patent Facilitation |
| Name of the Faculty (One Inventor from SJC) |  |
| Department |  |
| Shift |  |
| Years of Experience at SJC |  |
|  |  |
| 2. Nature of the Patent | Process/Product/ Both |

3. Details of the Inventor (Kindly use appropriate number of rows)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of theInventor | Designation | PermanentResidentialAddress | OfficialAddress | EmailAddress(Personal) | MobileNumber |
| Name of theInventor1 |  |  |  |  |  |
| Name of theInventor2 |  |  |  |  |  |
| Name of theInventor3 |  |  |  |  |  |

|  |  |
| --- | --- |
| 4. Title of the Invention (Provide a |  |
| Tentative Title) |  |
| 5. Is your invention part of any thesis | Yes / NoIf yes, provide details |
| already published / submitted in SJC or inany other institute? |
|
| 6. Is partial or complete detail of the | Yes / No |
| invention published in or communicated to |
| any journal? |
| 7. a. Is your invention a part ofa) any minor / major projectIf Yes, provide details of patent expenditure supported by the grant. | Yes / NoYes / No(If Yes, provide Undertaking Certificate) |
| b) M.Sc / M. Phil / Ph. D dissertation of Students/Scholarsc) Any OtherProvide details(\*Submit No Objection Certificate) |
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|  |  |
| --- | --- |
| 8. Details of Novelty(\*Write in one Paragraph) |  |
| 9. Have you done Prior Art Search? | Yes/No |
| 10. Any other details you would like tofurnish (like timeline for patent filing, etc.,) |  |

I/ we declare that the above details are true to the best of my/our knowledge. I/we abide by the IPR policy and Patent guidelines of SJC.

Date: Name and Signature of the Inventor(s)

Place: