

INVENTION (TECHNOLOGY/APPLICATION/DESIGN) DISCLOSURE FORM
ICAR-CRIJAF, BARRACKPORE

This form is to be submitted to Member Secretary, ITMC by CRIJAF Faculty Members **for IPR protection (Patent application/Design registration/Trademark application etc.) of their invention (technology/application/design) and for commercialization of the invention.** Please type the desired information, expand this form as per the requirement of the information.

Submit this form to the Member Secretary, Institute Technology Management Committee, ICAR-CRIJAF through e-mail to: itmucrijaf@gmail.com and ITMU.CRIJAF@icar.gov.in . A hard copy along with signature also be submitted to Institute Technology Management Unit, ICAR-CRIJAF, Barrackpore

Technology Summary

1. Title of invention (technology/application/design):

2. Main Division where the technology/application/design was developed:

3. Ownership of the technology/application/design:

4. Information about Inventor Group (Please provide the name, complete address and phone nos of each inventor). Main inventor has to be faculty member. The name(s) of students/JRF/RA may be included subsequently.

1. Main Inventor

2. Inventor A

3. Inventor B

4. Inventor C

5. Inventor D

6. Inventor E

(expand as needed for more inventors)

(Main Inventor)

(Inventor A)

(Inventor B)

(Inventor C)

(Inventor D)

(Inventor E)

Signature of Inventors

5. Technical abstract of invention (not more than 150 words, please include photographs, if required. Innovative step not to be disclosed)

6. Technical Description

A. Problem Description: Please explain the problem / situation that this innovation was created to solve or address. (Please limit your problem description to 70 words or less.)

B. Solution Description: Please explain (in simple terms) how this innovation addresses or solves the problem.

7. Invention is eligible for IRP protection (Patent application/ Design registration/ Trademark application etc.) or not, provide justification.

A. Novelty of the invention

B. Prior Art (Existing knowledge in field of invention)

8. Origin of technology/application/design (strike out which is not applicable)

(i) Research Project (Provide details)

(a) Externally funded project:

(b) Institute Research Project:

(ii) Student's thesis work (Provide details)

(iii) Any other (Provide details)

9. Proposed price of the invention and justification

(i) Price of technology with royalty –

(ii) Price of technology without royalty –

10. Commercial aspects of invention

(i) Please mention the types of industry who would be interested in this technology

(ii) Also mention name, complete address, email, phone numbers etc. of at least three firms which can be contacted for commercialization purpose.

Additional Information

1. What is the total cost (including manpower, equipment and all other resources) required to complete this innovation?

2. Has this technology/application/design being commercialized by the institute? (Yes/No)

3. If Yes, please attach the signed agreement

4. If No, please elaborate on the tentative nature of the license to be granted by the institute for this commercial purpose.

a. Nature of License: Exclusive/non-exclusive

b. Duration of the License:

c. Licensee fee:

d. Royalty:

e. Licensed territory: India/other countries

f. Raw material to be transferred. If any

g. Cost to be charged to raw material. If any

h. Time line to transfer the raw material

i. Handholding and training support required

j. Cost for handholding and training

k. Any other specific requirements

Name of person completing this

form:	
Phone:	
e-mail address:	
In submitting this form, you are accepting the responsibility for the accuracy of the information supplied.	

1. Certificate by main inventor

Certified that the names of all those who contributed in the development of the technology (**name the technology**) have been included.

Name_____

Signature_____

Date_____

2. Endorsement of Head of Division

Signature_____

Date_____

3. Endorsement of In-charge PME Cell

Signature_____

Date_____

4. Signature of Director

Signature_____

Date_____