

APPLICATION FOR PATENT FILING SUPPORT
*To be submitted to the MSME's IP Facilitation Centre at
Chalapathi Institute of Pharmaceutical Sciences*

Email ID : clptipfc@gmail.com | Room No. 311 Main Block | Ph. 0863-2524124

1. APPLICANT DETAILS

Name of Applicant (Individual / Institution / Startup / Company):

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Type of Entity:

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|--|
| <input type="checkbox"/> Industry/Company <input type="checkbox"/> Academic Institution <input type="checkbox"/> Startup <input type="checkbox"/> MSME |
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Registration Number (Udyam/Startup/Institute ID, if applicable):

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Address for Correspondence:

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| |
| Contact Person : |
| Phone Number : |
| Email ID : |

2. INVENTION DETAILS

Title of the Invention:

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Brief Description (100–150 words):

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Field of Invention:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Engineering | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Others: _____ | <input type="checkbox"/> Biotech | <input type="checkbox"/> Information Technology |

Inventor(s) Name and Affiliation: (Attach additional list if needed)

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Current Stage of Invention:

- ☐ Conceptual/Idea Stage
- ☐ Prototype Developed
- ☐ Lab-Scale/Proof of Concept Completed
- ☐ Ready for Commercialization

Is the invention published or publicly disclosed?

Date/Place of Disclosure: _____ ☐ Yes ☐ No

3. TYPE OF PATENT FILING REQUIRED

- ☐ Provisional Patent Application
- ☐ Complete Specification Filing
- ☐ PCT (International) Application
- ☐ Design Patent

☐ Patent Drafting Assistance

☐ Prior Art Search

4. DOCUMENTS ENCLOSED (✓ Mark all that apply)

☐ Brief Description of Invention (in Word/PDF format)

☐ Drawings/Figures/Diagrams (if any)

☐ Identity Proof of Applicant/Inventors (PAN/Aadhaar/Udyam Certificate)

☐ Declaration of Originality

☐ Assignment/NOC (if applicable)

☐ Signed NDA (Non-Disclosure Agreement) – will be provided

☐ Other Supporting Documents: _____

5. DECLARATION

I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge. I/We affirm that the invention is original and request support from the IP Facilitation Centre for patent filing and related formalities. I/We agree to abide by the rules and procedures for patent processing.

Date: _____

Place: Guntur

Signature of the Applicant

Name: _____

Designation: _____

(Seal of Institution/Startup/MSME, if
applicable)

FOR OFFICE USE ONLY (IPFC)

Received By: _____

Date of Receipt: _____ Application Ref. No.: _____

Remarks: _____

Let me know if you'd like this converted into a downloadable PDF/Word template

APPLICATION FOR Invention Disclosure Form

*To be submitted to the MSME's IP Facilitation Centre at
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Invention Disclosure Form

Instructions: Use this form as an Invention disclosure to conduct the patent search. Patentability search will be based on the answers to the below listed questions.

Date:

- 1. Provide any preferred title of the Disclosure.**
- 2. Provide a summary (abstract) of this invention:**
- 3. Kindly state the problem solved by your invention**
- 4. Kindly describe how your invention works to solve the problem. In addition to the description, we also welcome explanation with reference to any figures, flow charts or tables**

5. Describe technical and commercial advantages associated with the unique feature of your invention

6. List and provide technical documents or references (published papers), patents and publications relevant to the invention.