

## APPLICATION FOR TRADEMARK REGISTRATION SUPPORT

*To be submitted to the MSME's IP Facilitation Centre at  
Chalapathi Institute of Pharmaceutical Sciences*

Email ID : [clptipfc@gmail.com](mailto:clptipfc@gmail.com) | Room No. 311 Main Block | Ph. 0863-2524124

### 1. APPLICANT DETAILS

**Name of the Applicant (Individual/Entity) :**

**Type of Entity :**

☐ Industry/Company    ☐ Academic Institution    ☐ Startup    ☐ MSME

**Registration Number : (Udyam/MSME/Startup/Institutional ID) :**

**Address of Communication :**

Ph.No.	Email ID :

### 2. TRADEMARK DETAILS

**Proposed Trademark (Word mark or Logo) :**

☐ Logo/Image (8x8 cm (W&H) jpeg format)    ☐ Wordmark (Text Only)

**Class(es) of Goods/Services (if known) :**

**Brief Description of Products/Services Offered under this Trademark:**

**Is the Trademark currently in use?** (Proposed to be used)

☐ No      Since: \_\_\_\_\_      ☐ Yes

**3. DOCUMENTS ENCLOSED** (✓ Mark all enclosed documents)

- ☐ Copy of Trademark (word or image)
- ☐ Identity Proof of Applicant (PAN/Aadhaar/Udyam Certificate)
- ☐ Address Proof of Business/Institution
- ☐ Power of Attorney (TM-48 – will be provided if not enclosed)
- ☐ Authorization Letter (if applying through representative)
- ☐ Other Supporting Documents (if any): \_\_\_\_\_

**4. DECLARATION**

I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge and belief. I/We understand that the IP Facilitation Centre will process the Trademark Application based on the details provided herein and agree to comply with applicable trademark laws and regulations.

Date:

Place: Guntur

**Signature of the Applicant**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

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

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**FOR OFFICE USE ONLY (IPFC)**

Received By: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_ Application Ref. No.: \_\_\_\_\_

Remarks: \_\_\_\_\_