# Annexure3b- Complete filing

# INVENTION DISCLOSURE FORM

Details of Invention for better understanding:

**1. TITLE:** Tittle should be good and small enough to describe the invention.

**2. INTERNAL INVENTOR(S)/ STUDENT(S):** All fields in this column are mandatory to be filled

|  |  |
| --- | --- |
| A. Full name |  |
| ­­­­­Mobile Number |  |
| Email (personal) |  |
| UID/Registration number |  |
| Address of Internal Inventors | Lovely Professional University, Punjab-144411, India |
| Signature (Mandatory) |  |

**EXTERNAL INVENTOR(S): (INVENTORS NOT WORKING IN LPU)**

|  |  |
| --- | --- |
| A. Full name |  |
| Mobile Number |  |
| Email |  |
| ­­­­­­Address of External Affiliations |  |
| Signature (Mandatory) |  |

***For External Inventors*, NOC (No Objection Certificate) from the affiliated institute/university/Industry/lab etc. is mandatory for each individual inventor and their respective topic. For NOC, format is attached below.**

**(FOR ADDITIONAL INVENTORS, PLEASE ADD ROWS)**

**3. DESCRIPTION OF THE INVENTION:** in this section in a patent application, that provides a detailed account of a new innovation, explaining its purpose, technical workings, and unique attributes.

1. **PROBLEM ADDRESSED BY THE INVENTION:** Please describe the basic problem which is being identified and addressed by the inventors?
2. **OBJECTIVE OF THE INVENTION (Provide minimum two)**

**C. STATE OF THE ART/ RESEARCH GAP/NOVELTY:** Describe your invention fulfil the research gap?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No. | Patent I’d | Abstract | Research Gap | Novelty |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**D. DETAILED DESCRIPTION:** in a patent provides a complete explanation of the invention's technical details, allowing patent examiners and people interested in the idea to have an accurate understanding of its design and functionality?

**E. RESULTS AND ADVANTAGES:** Share the results and advantages and superiority over the existing prior art.

**F. EXPANSION:** Any variables which are necessary for your invention to be covered?

**G. WORKING PROTOTYPE/ FORMULATION/ DESIGN/COMPOSITION:** Isyour working prototype or other ready. Provide the images/data of the prototype. If no, how much time is required for the same?

**G. EXISTING DATA:** Any clinical or comparative data necessary enough to support your invention. (Comparative)

**4. USE AND DISCLOSURE (IMPORTANT):** Please answer the following questions:

|  |  |  |
| --- | --- | --- |
| 1. Have you described or shown your invention/ design to anyone or in any conference? | YES ( ) | NO ( ) |
| 1. Have you made any attempts to commercialize your invention (for example, have you approached any companies about purchasing or manufacturing your invention)? | YES ( ) | NO ( ) |
| 1. Has your invention been described in any printed publication, or any other form of media, such as the Internet? | YES ( ) | NO ( ) |
| 1. Do you have any collaboration with any other institute or organization on the same? Provide name and other details. | YES ( ) | NO ( ) |
| 1. Name of Regulatory body or any other approvals if required. | YES ( ) | NO ( ) |

5. Provide links and dates for such actions if the information has been made public (Google, research papers, YouTube videos, etc.) before sharing with us.

6. Provide the terms and conditions of the MOU also if the work is done in collaboration within or outside university (Any Industry, other Universities, or any other entity).

7. Potential Chances of Commercialization.

8. List of companies which can be contacted for commercialization along with the website link.

9. Any basic patent which has been used and we need to pay royalty to them.

10**. FILING OPTIONS:** Please indicate the level of your work which can be considered for provisional/ complete/ PCT filings (Mandatory to mention).

11. **KEYWORDS:** Please provide right keywords for searching your invention.

**NO OBJECTION CERTIFICATE**

This is to certify that I (Name of the external person) have no financial assistance in filing any patent form from Lovely Professional University.

We have no objection if Lovely Professional University files any patent with the name of our employee (name of the external person) as co-inventor with (Names of LPU faculty/Staff and all co-inventors) having title as per the patent idea request file (LPU Idea Request I’D….).

Further, our institution will not raise any objections later concerning the filing and commercialization of the said patent.

(Authorised Signatory)