

IP Felicitation Request Form IPR CELL

Date:

Name of Faculty Inventors	:
Name of Student Inventors	:
Name of Departments	:
Name of Faculty	:
Email ID & Contact Number of first inventor	:
Type of IPR (Patent/Design/Copyright/Trademark)	:
Synergy Outcome (Yes/No)	:
3D/2D Illustrations assistance required (Yes/No)):
To The Chairman IPR Cell	
I am forwarding my application for IPR entitled	d
I declare that there are no conflicts of interest a	mong inventors and all are included in the application.
Signature of Inventor(s)	
To be fit	lled in by IPR Cell
Signature: Convener IPR Cell	Signature: Chairman IPR Cell