**Dr. Mahalingam College of Engineering and Technology- Pollachi-03.**

**(An Autonomous Institution)**

**Office of Dean Research and Innovation**

**Granted Patent Incentive – Claim Form and Checklist**

*(Please use only ONE form per patent grant even if inventors are from different departments)*

1. **Patent details:**

|  |  |
| --- | --- |
| 1. Claim for the Academic year | JUNE \_\_\_\_\_\_\_\_\_\_\_\_ to MAY \_\_\_\_\_\_\_\_\_\_\_\_ |
| Title of the Patent: |  |
| Journal No.: |  |
| Name of Patent office: |  |
| Application No.: |  |
| Date of Filing: |  |
| Date of Publication: |  |
| Date of Granting & Patent Number |  |

1. **Details of MCET Inventors:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Name of Inventors** | | **Designation & Department** |
|  | 1st Inventor |  |  |
|  | 2nd Inventor |  |  |
|  | 3rd Inventor |  |  |
|  | 4th Inventor |  |  |
|  | 5th Inventor |  |  |

**Check-List**

*(Please provide Hard and Soft Copy of below mentioned details)*

Complete Patent Proof for Patent Grant

I/ we assured you that above mentioned details are correct. I/we declare that the incentive for above mentioned patent was not claimed previously and it will not be claimed in MCET in future.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of Inventors** | | **Designation & Department** | **Claim Amount** | **Signature with Date** | **Recommendations of HoD** |
|  | 1st Inventor |  |  |  |  | **Verified/Not Verified**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Signature of HoD)** |
|  | 2nd Inventor |  |  |  |  | **Verified/Not Verified**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Signature of HoD)** |
|  | 3rd Inventor |  |  |  |  | **Verified/Not Verified**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Signature of HoD)** |
|  | 4th Inventor |  |  |  |  | **Verified/Not Verified**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Signature of HoD)** |
|  | 5th Inventor |  |  |  |  | **Verified/Not Verified**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Signature of HoD)** |

**Date:**

**Place:**

**For office Use Only**

The details are verified and incentive of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been recommended.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Name of the Inventor** | | **Designation & Department** | **Amount Claimed** | **Amount Sanctioned** |
|  | 1st Inventor |  |  |  |  |
|  | 2nd Inventor |  |  |  |  |
|  | 3rd Inventor |  |  |  |  |
|  | 4th Inventor |  |  |  |  |
|  | 5th Inventor |  |  |  |  |
| **Total Grant** | | |  |  |  |

**Signature of the Publication & Patent Coordinator Signature of the Dean R & I**

**Signature of the Principal**

**INCENTIVE NORMS FOR PATENT GRANT**

|  |  |
| --- | --- |
| Granted patent with inventors limited to 5 members and all are from our institution | Rs.7000 |
| Granted patent with inventors limited to 5 members (including members from other institutions) | Rs.5000 |