

Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

(An Autonomous Institution)

Office of Dean – Research & Innovation

**IPR
FORM 2**

Request Form for Financial Support for Filing the IPR

Date:

Name of the Department:	
Name of the Inventors with Designation and Address	Enclosure : Annexure 1
Title of Invention:	
Novelty	Enclosure : Annexure 2
Field of Invention	Enclosure : Annexure 3
Objective of Invention:	Enclosure : Annexure 4
Description about the Invention	Enclosure : Annexure 5
Background of the Invention and Prior Art	Enclosure : Annexure 6
Fees (Including GST) MCET approved patent agent only	Patent agent Fee for drafting (Including GST) Rs:
	Patent Office Fee (Including GST) Rs:
	Total : Rs (in words):

Department	Particulars	Proposed budget Rs.	Actual Spent Rs.	Available budget Rs.	Now requested Rs.
	Patent				

Signature of the Inventor:

(1st inventor behalf all inventor)

Budget Co-Ordinator

Head of the Department

IPR Coordinator

Dean – R&I

Principal

SECRETARY