Incentive form for Copyright or Patent [3]

Instructions: 1) All entries should be computerized 2. Strikeout which is not applicable 3) Follow guidelines.

**Academic Year**

1. Applicant's Details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department:** | **ME** | **EE** | | **ET** | **CS** | | **EMT** | | **FY** | | | **MBA** | |
| **Applicant's Name Bold (surname First)** | | | | | | | | **Mobile No:** | | | | | |
| **Designation:** | | | **Student-Semester:** | | | **Email Id:** | | | | | | | |
| **No. of times Incentive is claimed under this category during current academic year?** | | | | | | | | | | **00** | **01** | | **02** |

2. Patent/Copyright Details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title of Copyright / Patent** | |  | | | | |
| **Registration with Copyright Registrar** | | | **Publication with Patent office** | **Final Award of Patent-by-Patent office** | |
| **Commercialized** | **Award of Design Patent Awarded in Domain** | | | | **Are you First Applicant:** |

3. Registration Details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Registration Fee** | **Rs.** | **Permissible Claim** | | **Rs.** |
| **Documents Attached** | **1. Fee payment receipt** | | **2 Extract from the Register of the Copyrights/patent** | |

4. Declaration:

**1. Credits earned by me shall be assigned to the Institute.**

**2. If excess payment made to me is noticed, I will pay back.**

**3. The information furnished by me is correct.**

**Signature of Applicant:**

5. For office use:

|  |  |  |
| --- | --- | --- |
| **Authority** | **Comment** | **Dated Signature** |
| **Departmental Activity In-charge** | **All details are filled in. Documents attached.** |  |
| **Head of the Department** | **Claim may be please be approved** |  |
| **Institute Level Activity In-charge** | **Verified details. Amount may be sanctioned.** |  |
| **Principal** | **Approved** |  |
| **CED** | **Recommended for payment of Rs** |  |

**6. For Accountant:**

**Bank: Cheque No: Date: Amount:**

**Seal**

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