

University of Kashmir

CENTRE FOR INNOVATION INCUBATION AND ENTREPRENEURSHIP (CIIE)

INSTITUTE OF TECHNOLOGY, ZAKURA CAMPUS, SRINAGAR



Patent Filing Assistance Application Form

SECTION A: APPLICANT/INVENTOR DETAILS						
Name of Applicant / Inventor:						
Title of Invention:						
Organization/ Department:						
Designation:		Role:				
Contact No.:		Email ID:				
Full Address:						
SECTION B: DETAILS OF CO-INVENTORS						
Number of Co-Inventors:		Willing to Add University of Kashmir:	Yes		No	
Name of Co-inventor 1:		Role:				
Designation:		Contact No.:				
Full Address:		Email ID:				
Name of Co-inventor 2:		Role:				
Designation:		Contact No.:				
Full Address:		Email ID:				
Name of Co-inventor 3:		Role:				
Designation:		Contact No.:				
Full Address:		Email ID:				
Name of Co-inventor 4:		Role:				
Designation:		Contact No.:				
Full Address:		Email ID:				

SECTION C: INNOVATION / INVENTION DETAILS

Title of the Innovation /
Invention:

Area/Domain of Invention:

Stage of Development:

☐ Concept / Idea

☐ Prototype Developed

☐ Tested / Pilot Stage

☐ Ready for Commercialization

Prior Publication Disclosure:

☐ Published Paper / Article

☐ Conference / Seminar Presentation

☐ Exhibition / Demo

☐ Submitted Earlier

☐ Others (Please Specify): _____

Brief Description of the
Invention/Innovation (max.
250 words):

Problem Addressed (What
issue/s does your
Invention/Innovation
solve?):

Novelty/Unique Features of
the Innovation/Invention:

Potential Impact (Who will
benefit and how?):

SECTION D: IPR SUPPORT REQUIRED FROM CIIE/UNIVERSITY OF KASHMIR (PLEASE TICK)

Resources / Facilities
Required from
CIIE/University of Kashmir:

- ☐ All IPR Support
 ☐ Patent Search / Prior Art Search
- ☐ Drafting of Patent Application
 ☐ Technical Support / Lab Access
- ☐ Filing with IPO / PCT / International Filing
 ☐ Legal / IP Advisory
- ☐ IPR Funding / Grant Assistance
 ☐ Commercialization/Licensing Support
- ☐ Others (Please Specify): _____

Incubation Support required (in Months):

Have you previously applied for or received any Incubation/IPR Filling Support for this Innovation/Invention?

Yes

No

If yes, provide details:

Mentorship / Domain
Expertise Required
(Yes/No), If Yes, Provide
details:

Are you Seeking Financial Support from CIIE/University of Kashmir for the Invention/Innovation other than IPR Filing (Yes/No)?

Yes

No

Details of the Financial
Support Required

The extent of financial support to be provided by the University shall depend upon the merit of the proposed project and the availability of financial resources. The University reserves the right to provide full or partial financial assistance, as deemed appropriate.

Based on its evaluation, the University may:

Approve the proposal for Incubation Support only, or Approve the proposal for both Incubation and Financial Support, or Facilitate the required infrastructure for the project, where feasible.

Head

Estimated Cost

Justification

Product Development /
Fabrication

Essential Equipment /
Consumables

Lab / Tool Usage
Charges

Market Research /
Surveys

Mentor Honorarium

Contingency

Others (if any)

Total

SECTION E: ADDITIONAL INFORMATION**Have you previously applied for or received any grant for this Innovation/Invention?****Yes****No**

If yes, provide details:

Have you filed a patent for any other Innovation/Invention?**Yes****No**

If yes, provide details:

Do you foresee registering this innovation as a Startup?**Yes****No****Declaration**

I/We hereby declare that the information provided in this application is true to the best of my/our knowledge.
I/We understand that false information or misrepresentation may result in cancellation of my/our application.
I/We shall sign the CIIE/University IPR Agreement, if the proposal is approved.
I/We hereby declare that the invention described above is original and has not been filed by any other party.
I/We are the rightful inventors and hold ownership rights of the invention.
I/We hereby declare that if any IP generated with the support of the University shall comply with the Kashmir University's IP policy.

Signature of Applicant / Innovator

Name: _____

Date: _____

Signatures of Co-Inventors:

1: _____ 2: _____ 3: _____

4: _____ 4: _____ 5: _____

For Office Use (CIIE / IoT, University of Kashmir only)**Application No:****Date of Receipt:****Completeness Check:****Shortlisted for
Evaluation (Yes/No):****Remarks:****Signatures of Committee Members:**

1: _____ 2: _____ 3: _____

4: _____ 4: _____ 5: _____

Signature of Chairman CIIE

Name: _____

Date: _____