

## Dr. KB IPR CONSULTANCY, CHENNAI

E-mail: drkbipr@gmail.com

Mobile: 8610278933

### Invention Disclosure Form

Date:

#### I. TITLE OF THE WORK FOR COPY RIGHTS REGISTRATION

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#### II. CONTACT INFORMATIONS

##### 1. Details of the main person:

Name (Official Designation & Address with Phone No)	Permanent Address with Phone No	Citizenship	Mobile No's	E mail id

##### 2. Details of the additional person:

S.No	Name (Official Designation & Address with Phone No)	Permanent Address with Phone No	Citizenship	Mobile No's	E mail id
1					
2					
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3. To whom communication has to be sent (Name, Address, Telephone No, Mobile No, E-mail Id, etc):

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1. Whether the copy right materials have been described in any journals, abstracts, papers, conferences, oral presentations, news, thesis or other mediums?

YES  NO (If yes give the details).

**IV. USE OF PROPRIETARY MATERIALS**

1. Indicate whether any part of the material is based on the proprietary material(s) or special technique(s) obtained from a third party (such as a company or another institutions or from others):

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**V. INFORMATION FOR COPYRIGHT FILING**

1. Type of creation (Please tick)

- Artistic Works
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2. Provide brief description the purpose of your creation:

3. Whether the work is published or unpublished:

4. Language of the work:

5. Year of publication:

**VI. SIGNATURE**

I/We the undersigned inventor(s), through my/our activities at \_\_\_\_\_,

hereby, declare that any information pertaining to the above furnished inventions, ideas, trademarks, copyrights, designs, etc. are results of my/our true works. I acknowledge that Dr. KB IPR CONSULTANCY, Chennai is accepting this information for review purposes only. I/We also understand that any comments, suggestions, reports, etc. which I/We receive review based upon this analysis is neither meant nor understood to be a conclusive legal opinion. Further, I/We agree that Dr. KB IPR CONSULTANCY, Chennai cannot be held responsible for acceptance or rejection or any other office actions of my/our inventions, creations, copyrights, trademarks, designs by appropriate authorities. I/We hereby disclose this "Invention" to the Dr. KB IPR CONSULTANCY, Chennai on the date signed below.

Signature of the Inventor(s) (add Inventors if needed)

By :	By:
Name :	Name:
Date:	Date:

**Please submit the soft copy of the completed Invention Disclosure Form (IDF) with scanned copy of this page (Signatures signed by all inventors) by email to**

**drkbipr@gmail.com**

Payment shall be made in the form of Demand Draft/Cheque /online Payment/Gpay/Phone pay in favor of

**"Dr. KB IPR CONSULTANCY"**

Payable at **CHENNAI**

**Bank Details:**

Name of the Account: Dr. KB IPR CONSULTANCY

Bank Name: State Bank of India (SBI)

Account Number: 41214346282

Branch: Anna University, Chennai

IFSC code: SBIN0006463

Or

Gpay no: **86102 78933**

In case of any further clarifications email us at [drkbipr@gmail.com](mailto:drkbipr@gmail.com) or call +91-**86102 78933**