



# Coimbatore Institute of Technology

## PATENT INVENTION DISCLOSURE FORM

*Note: All information submitted within this disclosure shall be treated as confidential. Coimbatore Institute of Technology reserves the right to release disclosed general information for the purpose of generating statistics and for other purposes, as long as such disclosure shall not adversely affect the scope of protection available to intellectual property.*

**THIS DOCUMENT DOES NOT ASSIGN ANY RIGHT, INTEREST, OR BENEFIT TO INSTITUTION RELATED TO ANY INTELLECTUAL PROPERTY DISCLOSED HEREIN.**

Please submit hardcopy to: International affairs and Industry Collaboration; Email: [deaniaic@cit.edu.in](mailto:deaniaic@cit.edu.in)

Ref no \_\_\_\_\_

### INVENTION AND INVENTOR DETAILS

*Please fully complete all sections of the Invention Disclosure Form*

1. **Invention Name:** \_\_\_\_\_

2. **Principal Investigator(s):** \_\_\_\_\_

3. **Department:** \_\_\_\_\_

5. Please provide a simple description of the Invention. In your description, please answer the following:

- What is the Invention, and how is it novel?
- What is the purpose of your invention?
- Is the invention a process or product or design?
- What is the utility of the Invention?
- What problem does the Invention address, and how does it improve on existing methods/products?

6. Has the Invention/software been tested? YES  NO

7. Does a model or prototype exist? YES  NO

### INTELLECTUAL PROPERTY PROTECTION STATUS

8. Has a patent search been conducted? YES  NO   
If so, by whom? \_\_\_\_\_

9. Does the Invention consist of **an improvement** to an existing invention, technology, and/or software? YES  NO



**Coimbatore Institute of Technology**  
**PATENT INVENTION DISCLOSURE FORM**

**FINANCIAL SUPPORT**

Any financial support required from CIT to facilitate the development of this invention?

**ACKNOWLEDGEMENT**

The undersigned Principal Investigator(s), being the person(s) who submitted this disclosure form, declare that the information provided within is **true and complete to the best of the Principal Investigator(s) belief, knowledge, and abilities.**

Name and signature of the Faculty	Name and signature of the Head of Department

**RECOMMENDATION:**

Approval Dean, International affairs and Industry Collaboration	Approval Head of Institution