

Invention Disclosure Form

Disclosure No.: _____
Status: _____

INVENTION DISCLOSURE FORM (Confidential) (To be submitted to Director/SLIIT-Society Cell by the Inventor)

Name :
Designation :
Department :
Faculty :
Contact Tel. No :
Email :

1. PROPOSED TITLE OF INVENTION:

2. FIELD OF INVENTION (Primary Field)

3. INTELLECTUAL PROPERTY TYPE

| | | |
|---|---|--|
| Industrial Property | Patents/inventions (product/process) | |
| | Industrial design | |
| | Trade/Service Marks | |
| Copyright of works/ works protected | Scientific works | |
| | Literary works | |
| | Artistic works | |
| | Derivative works | |
| Related rights | Performances of performing arts | |
| | Phonograms | |
| | Broadcasts | |

4. BACKGROUNDS AND RELATED ART

A. The technical problem addressed by the invention:

B. The closest related art described:

C. Advantages presented by the invention are as follows:

5. WRITTEN DESCRIPTION

The invention is described as follows:

6. CONCEPTION OF INVENTION

Date of conception:

Date of first written description:

7. REDUCTION TO PRACTICE

Has the invention been reduced to practice (does it work)?

COMMENTS, if any, on conception of invention and/or first written description:

8. INVENTOR(S)

INVENTOR 1:

Name:

Residence Address:

Citizenship:

INVENTOR 2:

Name:

Residence Address:

Citizenship:

COMMENTS on inventors (if any)

9. DATES OR PRODUCT TESTING AND RELEASE

Alpha Testing:*

Beta Testing:**

General release or sale:

Offers for sale:

COMMENTS on product testing and release:

10. DISCLOSURE OF INVENTION

Has there been any disclosure or use of the invention by the public? When and to whom? Under a non-disclosure agreement?

Please attach a copy of the disclosure.