



K.RAMAKRISHNAN COLLEGE OF ENGINEERING

An Autonomous Institution

Permanently Affiliated to Anna University Chennai, Approved by AICTE New Delhi,
ISO 9001:2015, 14001:2015 certified institution, Accredited by NBA and with A grade by NAAC

Samayapuram, Tiruchirappalli – 621 112, Tamilnadu, India.

KRCE IDF No:

Dated:

Invention Disclosure Format **(Confidential)**

[While filling the format, please delete the guidance cues (in grey) under each heading]

1. Inventor(s) information

(i)	Name	
	Faculty / Student roll number	
	Position	
	Department	
	Phone & E Mail	
(ii)	Name	
	Faculty / Student roll number	
	Position	
	Department	
	Phone & E Mail	
(iii)	Name	
	Faculty / Student roll number	
	Position	
	Department	
	Phone & E Mail	

2. Applicant Information(s):

<u>Applicant</u> <u>K.RAMAKRISHNAN COLLEGE OF ENGINEERING</u> THE PRINCIPAL K.RAMAKRISHNAN COLLEGE OF ENGINEERING SAMAYAPURAM, TRICHY, INDIA - 621112

3. Title of the invention :

- ✓ A slightly descriptive title to identify the nature of the invention(not more than 15 words)

4. Field /Area of invention

- ✓ One or two sentences mentioning the specific technology area of the invention
- ✓ Please provide a list of key words, which would define your invention.

5. Requested Action: Tick as appropriate

1. Patent Validation 2. Provisional Filing 5. Early Publication [Optional]
3. Provisional Filing Through Attorney 6. Others [Provide Details]
4. Complete Filing including Examination

Signature of individual inventor (s) with date

1. Name:
Signature:
2. Name:
Signature
3. Name:
Signature:

Invention Disclosure Format

KRCE IDF No:

Title of the Invention:

Inventor wise sharing of commercial proceeds (%)

Request you to kindly go through the IPR Policy of the college which is available in the KRCE website.

S.No	Particulars		Percentage of Share	Remarks
1.	Name			
	Faculty / Student roll number			
	Position			
	Department			
2.	Name			
	Faculty / Student roll number			
	Position			
	Department			
3.	Name			
	Position			
	Department			

Signature of individual inventor (s) with date

Invention Disclosure Format

KRCE IDF No:

COMMERCIALISATION

Title:

Brief Description:

A Write-up [limited to 100 words] to be uploaded to for marketing purpose
Disclosure may be broad, without divulging detailed technical information.

Application Areas [Please tick as relevant]:

• **Application Industry:**

Agri based	<input type="checkbox"/>	Electronic System & Design Manufacturing	<input type="checkbox"/>	Manufacturing / Chemical	<input type="checkbox"/>
Automotive	<input type="checkbox"/>	Energy / Infrastructure	<input type="checkbox"/>	Other Technologies	<input type="checkbox"/>
Bio Medical Engineering	<input type="checkbox"/>	Environment Engineering	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>
Capital Equipment/ OEM	<input type="checkbox"/>	Information & Communication Technology	<input type="checkbox"/>		

• **Industry Sub Category / Technology Area :**

Advanced Materials	<input type="checkbox"/>	Food & Drugs	<input type="checkbox"/>	Test Equipment	<input type="checkbox"/>
Catalysts	<input type="checkbox"/>	Fuel Cells	<input type="checkbox"/>	Wireless	<input type="checkbox"/>
Clean Energy	<input type="checkbox"/>	IT - Hardware	<input type="checkbox"/>	Waste Management	<input type="checkbox"/>
Assistive Device	<input type="checkbox"/>	Medical & Surgical	<input type="checkbox"/>	Water Treatment	<input type="checkbox"/>
Extraction & Mining	<input type="checkbox"/>	Robotics	<input type="checkbox"/>	Other Descriptors:	
Fin Tech	<input type="checkbox"/>	Sensors	<input type="checkbox"/>	

Declaration by Inventor for the purpose of future contacts:

KRCE IDF No:

Title of the Invention:

My current and permanent address and contact details are provided herewith.

I undertake to keep the college informed of any change in my contact details during the life of the Patent (20 years since the date of filing).

Current Address:	Permanent /Alternate Address:
Name	Name
Father's/Guardian's name:	Father's/Guardian's name:
Full Postal address:	Full Postal address:
Mobile #	Mobile #
Landline #	Landline #
Email:	Email:

Signature and Date *(Signature of inventor with date)*