

**Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003****(An Autonomous Institution)****Office of Dean – Research & Innovation****IPR  
FORM 2****Request Form for Financial Support for Filing the IPR****Date:**

|  |  |                    |
|--|--|--------------------|
| Name of the Department:  |  |                    |
| Name of the Inventors with Designation and Address                 | Enclosure : Annexure 1                               |                    |
| Title of Invention:  |  |                    |
| Novelty  | Enclosure : Annexure 2                               |                    |
| Field of Invention   | Enclosure : Annexure 3                               |                    |
| Objective of Invention:  | Enclosure : Annexure 4                               |                    |
| Description about the Invention                                    | Enclosure : Annexure 5                               |                    |
| Background of the Invention and Prior Art                          | Enclosure : Annexure 6                               |                    |
| Fees (Including GST)<br><br><b>MCET approved patent agent only</b> | <b>Patent agent Fee for drafting</b> (Including GST) | <b>Rs:</b>         |
|  | <b>Patent Office Fee</b> (Including GST)             | <b>Rs:</b>         |
|  | <b>Total : Rs.</b>                                   | <b>(in words):</b> |

| Department | Particulars | Proposed budget Rs. | Actual Spent Rs. | Available budget Rs. | Now requested Rs. |
|------------|-------------|---------------------|------------------|----------------------|-------------------|
|            | Patent      |                     |                  |                      |                   |

**Signature of the Inventor:**(1<sup>st</sup> inventor behalf all inventor)**Budget Co-Ordinator****Head of the Department****IPR Coordinator****Dean – R&I****Vice Principal****Principal****Secretary**