

**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) <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.
	<b>Patent</b>				

**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 & Joint Secretary**

**Secretary**