

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) MCET approved patent agent only	Patent agent Fee for drafting (Including GST)	Rs:
	Patent Office Fee (Including GST)	Rs:
	Total : Rs.	(in words):

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

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