

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.