

INVENTION DISCLOSURE FORM

Date of Submission: _____

1. TITLE OF INVENTION *(a short but sufficiently descriptive title to identify the general nature of the invention.)*

2. DESCRIPTION OF THE INVENTION

Please note:

A. The purpose of your description is to enable a person with similar skills in your field to be able to make and use the invention you describe.

B. Please do not withhold any key elements of the invention (you are obliged to describe the best way of making and using the invention known to you at the time of submission).

2.1 Field Of The Invention:

A sentence or brief paragraph identifying the general field of technology to which the invention relates and keywords that will help define publication and patent searches.

2.2 Summary of the Invention:

A brief paragraph (similar to the abstract of a scientific paper) describing the key feature(s) of the invention with some background context.

2.3 Brief Description Of The Drawings (if any):

Listing of the captions of each drawing or figure relevant to the invention that you have attached to this invention disclosure.

2.4 Detailed Description Of The Preferred Embodiments:

(i) A full description of the invention including background, preferred mode of practice of the invention e.g. basic nature or structure of invention, how it works with reference to relevant attached drawings etc. (This can be a separate attachment).

(ii) What problem(s) the invention solves and advantages over existing methods, devices or materials?

(iii) What are the possible specific industrial applications?

(iv) Does your invention possess any disadvantages or limitations? Can they be overcome? What are the competing ways to solve the same problem(s)?

2.5 Modifications Of The Preferred Embodiments (if any):

Discussion of other modes of practice of the invention.

2.6 References:

Please list literature references that most closely describe your invention.

List of references cited in this write-up.

3. SOURCES OF SUPPORT AND GRANT RELATING TO INVENTION *Please identify all outside agencies, organizations, or companies that provided funding to the research that led to the conception of the invention. Obligations of the research sponsor(s) will have to be met if patent protection and/or licensing of the technology is pursued Please also disclose any other contractual obligations entered into to come up with the invention including collaborations, research contracts material transfers etc.*

Source(s) of Funding

<p>Sponsor Name:</p> <p>Grant Ref No.</p> <p>Title of Project Funded:</p> <p>Collaborators (if any):</p> <p>Was there a formal agreement signed? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Have University resources or facilities been used? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes what university(ies):</p>	<p>Sponsor Name:</p> <p>Grant Ref No.</p> <p>Title of Project Funded:</p> <p>Collaborators (if any):</p> <p>Was there a formal agreement signed? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Have University resources or facilities been used? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes what university(ies):</p>
<p>Sponsor Name:</p> <p>Grant Ref No.</p> <p>Title of Project Funded:</p> <p>Collaborators (if any):</p> <p>Was there a formal agreement signed? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Have University resources or facilities been used? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes what university(ies):</p>	<p>Sponsor Name:</p> <p>Grant Ref No.</p> <p>Title of Project Funded:</p> <p>Collaborators (if any):</p> <p>Was there a formal agreement signed? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Have University resources or facilities been used? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes what university(ies):</p>
<p>Sponsor Name:</p> <p>Grant Ref No.</p> <p>Title of Project Funded:</p> <p>Collaborators (if any):</p> <p>Was there a formal agreement signed? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Have University resources or facilities been used? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes what university(ies):</p>	<p>Sponsor Name:</p> <p>Grant Ref No.</p> <p>Title of Project Funded:</p> <p>Collaborators (if any):</p> <p>Was there a formal agreement signed? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Have University resources or facilities been used? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes what university(ies):</p>

4. DATES OF CONCEPTION & PUBLIC DISCLOSURE *Please defer publication if you think that you may have patentable subject matter. Public disclosure of an invention before filing a patent application will render the invention not patentable in most countries.*

Date of documented conception of invention:

Date of first public disclosure that describes invention, if any:

Attach copies of material if possible.

Do you intend to disclose the invention publicly in the near future? Yes No

If yes, when and where?

Has this invention been reduced to practice? Yes No

Please indicate the status and intention for your invention. (You may more than one box)

- Project ongoing Looking for collaborators for further R&D For information only
 Project ended Ready for Commercialization Application to file a patent
 Further R&D Others (please specify) :

5. CONTRACTUAL OBLIGATIONS: *(Research Collaborations Agreements, Material Transfer Agreements etc.)*

(i) Title of Collaboration:

(ii) Reference Number:

(iii) Name of Collaborator or Provider of Material:

(iv) Relevant Details of Collaboration or Material:

6. COMMERCIALISATION *Please identify any potential licensees or collaborators interested in the invention.*

List companies or organizations, if any, that could be interested in using this invention.

Do you have plans to spin off a company based on your invention? Yes No

Would you be willing to participate in the marketing of this invention by explaining it to potential commercial partners? Yes No

7. SOFTWARE DEVELOPMENT (If your invention involves or includes software, please answer the following questions. Else, you may skip this section.)

Is the software standalone? If not, list associated software that is required for the invention to work.

What language is the software developed in and what platforms is it designed for delivery on? List the minimum hardware specifications required.

Was any of the source code obtained under an open source license (e.g. BSD, GPL, Apache, etc.) or from any other source? Yes No

If yes,

a) Please provide a list of the sources:

b) Explain how the sources listed above have been used in the invention:

Are there any third party rights associated with the invention of the software? List grants or contracts if any, with third parties.

Is the software an improvement of existing software? Has a license been obtained on the existing software? Provide details.

Is the software a proof-of-concept, a demonstration, prototype or fully functional end user version?

8. INVENTORS' PARTICULARS & DECLARATIONS *Original signatures are required. Inventorship is defined as person(s) who contributes, individually or jointly, to the inventive steps that make the invention workable. Do not list any inventor gratuitously. The rules for inclusion are not the same as a scientific publication.*

I / We* hereby declare to the best of my / our* knowledge the information provided in this invention disclosure form are true and correct.

Primary Contact Inventor

Title: Mr Ms Dr Asst Prof Assoc Prof Prof *

Family Name:	Given Names:	Citizenship:
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University Position: <input type="checkbox"/> Faculty <input type="checkbox"/> Post-Doc <input type="checkbox"/> Research Scientist <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Technician <input type="checkbox"/> Other: _____	Staff ID or Student No.:
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Faculty/Department/Institution:	Tel. No. Office: Lab: Mobile: Fax:
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Mailing Address:	Home Address (if different):
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Email:

Signature & Date:

Co-Inventor 1

Title: Mr Ms Dr Asst Prof Assoc Prof Prof *

Family Name:	Given Names:	Citizenship:
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University Position: <input type="checkbox"/> Faculty <input type="checkbox"/> Post-Doc <input type="checkbox"/> Research Scientist <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Technician <input type="checkbox"/> Other: _____	Staff ID or Student ID No.:
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Faculty/Department/Institution:	Tel. No. Office: Lab: Mobile: Fax:
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Mailing Address:	Home Address (if different):
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Email:

Signature & Date:

Co-Inventor 2		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Asst Prof <input type="checkbox"/> Assoc Prof <input type="checkbox"/> Prof *		
Family Name:	Given Names:	Citizenship:
University Position: <input type="checkbox"/> Faculty <input type="checkbox"/> Post-Doc <input type="checkbox"/> Research Scientist <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Technician <input type="checkbox"/> Other: _____	Staff ID or Student ID No.:	
Faculty/Department/Institution:	Tel. No. Office: Lab: Mobile: Fax:	
Mailing Address:	Home Address (if different):	
Email:		
Signature & Date:		
Co-Inventor 3		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Asst Prof <input type="checkbox"/> Assoc Prof <input type="checkbox"/> Prof *		
Family Name:	Given Names:	Citizenship:
University Position: <input type="checkbox"/> Faculty <input type="checkbox"/> Post-Doc <input type="checkbox"/> Research Scientist <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Technician <input type="checkbox"/> Other: _____	Staff ID or Student ID No.:	
Faculty/Department/Institution:	Tel. No. Office: Lab: Mobile: Fax:	
Mailing Address:	Home Address (if different):	
Email:		
Signature & Date:		