



SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY SURAT - 395007
Office of the Dean Research & Consultancy

Format for Details of Patent Awardees for Prize Money Distribution

(To be filled in by the Faculty member for onward submission through the HoD)

No:

Date:

Patent No. :	
Patent Grant Date :	
Title of the Patent :	
Attachment :	Patent Certificate

Sr. No.	Name of the Inventor & Co-Inventor(s) (as mentioned on Patent Certificate)	Bank Account No.	Bank Name & Branch	IFSC Code of the Branch
(1)				
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Kindly note: in case of multiple patents granted, separate forms to be filled up for each patent granted.

I certify that the information provided above is true and accurate according to my knowledge. It is hereby requested to consider the above details for prize distribution.

Name & Signature of faculty Member

Head of the Department

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SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY SURAT - 395007
Office of the Dean Research & Consultancy

Administrative & Financial Approval Form for Patent Filing Expense

(To be filled in by the Faculty member only if the Patent is filed in the name of SVNIT, for onward submission through the HoD)

No:

Date:

Sr. No.	Item	Details
1	Name of Applicant	SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT-GUJARAT.
2	Name of Inventor(s) & Affiliating Department	(1)
		(2)
		(3)
		(4)
		(5)
3	Type of Patent	<input type="checkbox"/> Process <input type="checkbox"/> Product <input type="checkbox"/> Design <input type="checkbox"/> Other
4	Title of the Patent	
5	Name of the Patent Agent/Agency	
6	Patent Application Number (if any)	
7	Patent Filing Date (if any)	
8	Patent Filing Charges Plus Taxes	
9	No. of Patents Already Granted	
10	No. of Patents Filed in the name of SVNIT previously. (FY wise)	
11	Attachments	

I certified that the information provided above & in attached document is true and accurate according to my knowledge. It is hereby requested to approve the above filing expenditure and the same may be debited from the Patent Attorney Fee Code: 1/380, if approved.

Name & Signature of faculty Member

Head of the Department

Approved/Not Approved

Approved/Not Approved

Approved/Not Approved

Dean (R&C)

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Director