

PATENT INFORMATION CENTER (PIC) GOA STATE COUNCIL FOR SCIENCE & TECHNOLOGY

Department of Science & Technology, Government of Goa Opposite Saligao Seminary, Saligao, Bardez, Goa. 403511 E-mail: ms-gscst.goa@nic.in, Website: https://gscst.goa.gov.in Phone: 0832-2407189, 9834553931, 9168704400

PATENT APPLICATION FORM

PART I: BASIC INFORMATION					
1.	Title of the Ir	nvention:			
	Name of the applicant(s)*:				
· · · · · · · · · · · · · · · · · ·		Name:			
		Designation:	_		
		Department/Institution:			
		Phone:			
		E-mail:			
		Address:			
		Nationality:			
	*(Please add additions				
3.	Name of the invention Name of the inventor: Na	ators*: ame :			
		esignation:	-		
	D	epartment/Institution:	_		
	Pl	hone:			
	E-	-mail:			
	Pe	ermanent Address :			
	N	ationality:			
	*(Please add additiona	l names if needed)			

	PART II: INVENTION RELATED INFORMATION	
1.	State the objective of the invention:	
2.	Subject area(s) to which the invention relates:	
3.	Whether the invention relates to a process/product/both?	
4.	Abstract of Description:	
	i. The problem for which solution was researched:	
	ii. Already existing technologies providing solution to the problem and their disadvantages:	
	iii Advantages and improvements over the existing methods, devices or materials:	
	iv. Technical description:	
	v. Economic potential or commercial applications for the technology.	
	vi. Novel Features:	
	VII. Physical Structure. [Sketches, photos, or other illustrations should be attached to this form to fully illustrate your invention.	
5.	Has the work been reported / published / presented anywhere:	
6.	Commercial aspects of the invention/ technology developed:	
7.	Is the work	
	I. Completed and results validated: II. At a basic conceptualization stage?	

Declaration: I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements are believed to be true.

Name of the Applicant:	Signature with Stamp
Date:	
Place:	