



MKCE IDF No:

Dated:

**Invention Disclosure Format**  
**(Confidential)**

*[While filling the format, please delete the guidance cues (in grey) under each heading]*

**1. Inventor(s) information**

(i)	Name	
	Faculty / Student roll number	
	Position	
	Department	
	Phone & E Mail	
(ii)	Name	
	Faculty / Student roll number	
	Position	
	Department	
	Phone & E Mail	
(iii)	Name	
	Faculty / Student roll number	
	Position	
	Department / Organisation	
	Phone & E Mail	

**2.**

**Applicant**

**THE PRINCIPAL  
M.KUMARASAMY COLLEGE OF ENGINEERING  
(AUTONOMOUS)  
THALAVAPALAYAM, KARUR – 639 113  
Phone: 04324 – 270755, 272155.**

**3. Title of the invention :**

- ✓ A slightly descriptive title to identify the nature of the invention( not more than 15 words)

**4. Field /Area of invention**

- ✓ One or two sentences mentioning the specific technology area of the invention
- ✓ Please provide a list of key words, which would define your invention.

**5. Requested Action: Tick as appropriate**

1. Patent Validation       2. Provisional Filing       5. Early Publication [Optional]   
3. Provisional Filing Through Attorney       6. Others [Provide Details]   
4. Complete Filing including Examination

**Signature of individual inventor (s) with date**

## Invention Disclosure Format

MKCE IDF No:

Title of the invention :

Inventorwise sharing of commercial proceeds ( % )

Request you to kindly go through the IPR Policy of the college which is available in the mkce website

S.No	Particulars		Percentage of Share	Remarks
1.	Name			
	Faculty / Student roll number			
	Position			
	Department			
2.	Name			
	Faculty / Student roll number			
	Position			
	Department			
3.	Name			
	Position			
	Department			

Signature of individual inventor (s) with date

# Invention Disclosure Format

MKCE IDF No:

## COMMERCIALISATION

**Title :**

**Brief Description :**

A Write-up [limited to 100 words] to be uploaded to for marketing purpose  
Disclosure may be broad, without divulging detailed technical information.

Application Areas [ Please tick as relevant ] :

• **Application Industry:**

Agri based	<input type="checkbox"/>	Electronic System & Design Manufacturing	<input type="checkbox"/>	Manufacturing / Chemical	<input type="checkbox"/>
Automotive	<input type="checkbox"/>	Energy / Infrastructure	<input type="checkbox"/>	Other Technologies	<input type="checkbox"/>
Bio Medical Engineering	<input type="checkbox"/>	Environment Engineering	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>
Capital Equipment/ OEM	<input type="checkbox"/>	Information & Communication Technology	<input type="checkbox"/>		

• **Industry Sub Category / Technology Area :**

Advanced Materials	<input type="checkbox"/>	Food & Drugs	<input type="checkbox"/>	Test Equipment	<input type="checkbox"/>
Catalysts	<input type="checkbox"/>	Fuel Cells	<input type="checkbox"/>	Wireless	<input type="checkbox"/>
Clean Energy	<input type="checkbox"/>	IT - Hardware	<input type="checkbox"/>	Waste Management	<input type="checkbox"/>
Assistive Device	<input type="checkbox"/>	Medical & Surgical	<input type="checkbox"/>	Water Treatment	<input type="checkbox"/>
Extraction & Mining	<input type="checkbox"/>	Robotics	<input type="checkbox"/>	Other Descriptors: .....	
Fin Tech	<input type="checkbox"/>	Sensors	<input type="checkbox"/>	.....	

**Declaration by Inventor for the purpose of future contacts:**

**MKCE IDF No.**

**Title of the invention :**

My current and permanent address and contact details are provided herewith.

I undertake to keep the college informed of any change in my contact details during the life of the Patent (20 years since the date of filing).

<b>Current Address:</b>	<b>Permanent /Alternate Address:</b>
Name	Name
Father's/Guardian's name:	Father's/Guardian's name:
Full Postal address:	Full Postal address:
Mobile #	Mobile #
Landline #	Landline #
Email:	Email:

**Signature and Date.** *(Signature of inventor with date)*