

**Consultancy / Test Request Letter Format**

Company letter head / company details

Ref. No.

Date:

To

The Principal,  
Thiagarajar College of Engineering,  
Madurai -625015.

Sir,

Sub:

Ref:

We request you kindly carryout the \_\_\_\_\_ Consultancy  
Service / Testing work for our organization / company.

We are ready to pay the Consultancy Service / Testing Charges as per the college norms.

We request the \_\_\_\_\_ services may be carried out at the earliest.

**Signature of client**

**Name of the Client :**

**Contact Phone No. :**

**E-mail id :**



## Thiagarajar College of Engineering

(Awarded ISO 9001 : 2008 Certified Autonomous Institution Affiliated to Anna University)

Madurai – 625015.

### **FACULTY FORM**

S.No	Date	Name of Test/Consultancy	Name of staff Assigned to Carry out the Work	Staff expertise

HOD



## Thiagarajar College of Engineering

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Madurai – 625015.

### **JOB ORDER/JOB DESCRIPTION**

<b>S.No</b>	<b>Name of Test/Consultancy</b>	<b>Name of staff Assigned</b>	<b>Date of Test /Consultancy work started</b>	<b>Date of Test/Consultancy work completed</b>	<b>Signature of staff</b>



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### **COSULTANCY / TEST SERVICE REGISTER**

\_\_\_\_\_ **DEPARTMENT**

S.No	Name of company	Sector (Private/ Govt.)	Address of company	State	District	Contact person	Phone. & email id	Scale of company (Small/large/medium)	Consultancy work done	Consultancy fees received



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### Non-Disclosure Agreement

All information collected and observation made during the Consultancy Service / Testing Service ..... at M/S. ....will be kept confidential by Thiagarajar College of Engineering, Madurai.

It may be used for educational purpose only after getting the written permission from the concerned authorized person from the company/organization.

If the Company/organization not willing to share the information, it will not be shared and confidentiality is maintained

Staff In-Charge

Head



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### **ENTRY REGISTER FOR TEST / COSULTANCY WORK**

\_\_\_\_\_ **DEPARTMENT**

S.No	Date of Request	Name & details of client	Phone No. & Email ID of client	Signature of client	Name of test	Bill No./ Date	Amount in Rs.	Staff allotted	Date of Completion	Remarks



**THIAGARAJAR COLLEGE OF ENGINEERING, MADURAI – 625015**  
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**DEPARTMENT OF .....ENGINEERING**

\_\_\_\_\_ **LABORATORY**

Test No.

Date:

To

Address of client

Sir,

Ref: Your letter No:

Dated:

As requested by you \_\_\_\_\_ Consultancy / Test service was carried out in \_\_\_\_\_ Laboratory. The reports are enclosed herewith. The Bill amount of Rs. \_\_\_\_\_ including taxes were paid to our college office vide receipt number \_\_\_\_\_ dated \_\_\_\_\_

Yours faithfully,

**Head**

**Encl:**

1. Reports



## Thiagarajar College of Engineering

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Madurai – 625015.

**Department of \_\_\_\_\_ Engineering**

### **Consultancy Equipments Details**

S.No	Name of Equipment	Specification	Capability of the Equipment	Expertise Faculty Member Name, Phone & Mail Id.





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**Sl.No:**

(For Office Use only)

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**Date:**

### **Invention Disclosure Form**

#### **GENERAL INFORMATION**

##### **I. TITLE OF THE INVENTION**

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##### **II. CONTACT INFORMATIONS**

1. Details of the main inventor:

<b>Name (Official Designation &amp; Address with Phone No)</b>	<b>Permanent Address with Phone No</b>	<b>Citizenship</b>	<b>Mobile No's</b>	<b>E mail id</b>

2. Details of the additional inventors:

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S.No	Name (Official Designation & Address with Phone No)	Permanent Address with Phone No	Citizenship	Mobile No's	E mail id
1					
2					

3. To whom communication has to be sent (Name, Address, Telephone No, Mobile No, E-mail Id, etc):

### III. INFORMATIONS FOR PATENT

1. Field of the invention:

2. Novelty of the invention:

3. Innovative features:

4. Abstract of the invention:

5. Background of the invention:

6. Existing state-of-art related to the invention (Includes Patent, Literature Searches, etc)

a) The kind of patent search you request for (Please Tick)

- Prior-Art Search
- Freedom to Operate
- Patent Validity Search
- Infringement Search
- Inventor/Assignee Search
- Bibliographic Search
- Not Preferred

7. Drawbacks of the existing state-of-art and how the drawbacks have been overcome and advantages of your invention:

8. Detailed description of the invention with drawings (If any):

9. Industrial applications of the invention:

10. List of keywords (*in capital letters*) relevant to the invention:

**IV. FUNDING SUPPORT FOR THE INVENTION**

1. Sponsoring agency:

- a) Whether the invention developed under any project funds:  YES  NO
- b) If yes, name of the funding agency along with the reference No and Date:  
(Please enclose the first approval letter from the Agency)

**V. PUBLIC DISCLOSURE**

1. Whether the invention has been described or discussed in any journals, abstracts, papers, conferences, oral presentations, news, thesis or other mediums?

- YES  NO (If yes give the details).

**VI. USE OF PROPRIETARY MATERIALS**

1. Indicate whether any part of the invention is based on the proprietary material(s) or special technique(s) obtained from a third party (such as a company or another institution):

III C  / T REQ. I  1

YES                      NO (If yes give the details).

2. Indicate whether any biological materials is used    YES    NO    NA

a) If yes, please provide the details of the biological resources/ or associated knowledge used in the invention:

b) If yes, please mention the geographical location from where the biological resources used in the invention are collected:

3. Have you deposited the biological materials (if any) in an International Depository Authority (IDA)?

YES    NO    NA (If yes give the details).

a) Name and address of the International Depository Authority:

b) Date and number of deposition of the Biological material(s):

## VII.    MARKET EVALUATION

1. Whether your invention is concept only, laboratory tested or prototype.

2. List the products or process that competes with your invention.

3. Suggest few companies (along with their complete contact details including mobile no and email id), which may be interested in your invention?

4. Approximate commercialization value of your invention:

### **VIII. INFORMATION FOR DESIGN PATENT**

1. Title of the invention:

2. Novelty of the invention:

3. Innovative features:

4. Abstract of the invention:

5. Background of the invention:

6. Detailed description of the invention:

7. Photographs / Drawings of the article in seven views (front, rear, top plan, bottom plan, left and right side elevation and isometric), (six copies of each view).

8. Industrial applications of the invention:

### **IX. INFORMATION FOR TRADEMARK REGISTRATION**

1. Name of the Trademark:

(Provide exact name which has to be trademarked)

2. Logo to be Trademarked:

(Provide correct aspect ratio, size, colours of logo, etc, which has to be trademarked)

3. Trade Description: (please Tick appropriate Trade of yours)

Goods     Services

4. Please explain the type of Goods or Services:

5. Date of Trademark first used:

### **X. INFORMATION FOR COPYRIGHT FILING**

1. Type of creation (Please tick )

Artistic Works

Musical Works

Literature Works

Dramatic Works

2. Provide brief description of the functionality/use of your creation

3. Whether the work is published or unpublished:

4. Language of the work:

**XI. OTHER INFORMATION**

1. List of three expert members (along with their Name, Designation, Official Address, Residential Address, Mobile No, Office Phone No, Residential Phone No, E-mail id, etc) in the field of proposed invention (*preferably in and around Chennai*).



## XII. SIGNATURE

I/We the undersigned inventor(s), through my/our activities at \_\_\_\_\_, hereby, declare that any information pertaining to the above furnished inventions, ideas, trademarks, copyrights, designs, etc are results of my/our true works. I acknowledge that Centre for Intellectual Property Rights (CIPR), Thiagarajar College of Engineering is accepting this information for review purposes only. I/We also understand that any comments, suggestions, reports, etc which I/We receive review based upon this analysis is neither meant nor understood to be a conclusive legal opinion. Further, I/We agree that CIPR, TCE, Madurai cannot be held responsible for acceptance or rejection or any other office actions of my/our inventions, creations, copyrights, trademarks, designs by appropriate authorities. Hereby disclose this "Invention" to the CIPR, TCE, Madurai on the date signed below. I/We understand that my/our obligations regarding this Invention are governed by the TCE "IPR Policy".

Signature of the Inventor(s)

By :	By:
Name :	Name:
Date:	Date:
By :	By:
Name :	Name:
Date:	Date:

Please submit the completed Invention Disclosure Form and Signature Page signed by all inventors.

**FOR OFFICE USE ONLY**

1. Name of the person who made the search: \_\_\_\_\_

2. Kind of search made:

- Prior-Art Search
- Freedom to Operate
- Patent Validity Search
- Infringement Search
- Inventor/Assignee Search
- Bibliographic Search

3. Name of the person who drafted the specification: \_\_\_\_\_

4. Kind of specification:

- Provisional Specification
- Complete Specification

5. Date of Filing the provisional specification to the patent office:        /        /20

6. Date of Filing the Complete specification to the patent office:        /        /20

7. Date of request for publication:    /    /20

8. Date of request for examination:    /    /20

9. Initiatives taken for commercialization:

10. Actions taken by the patent office:

11. Details of any pre grant oppositions filed:

12. Date of counters filed to the Patent office:

14. Date of Grant of patents:     /     /20

15. Details of any post grant oppositions:

16. Details of Final Decision on the Patent:



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### **Scrutiny Report**

\_\_\_\_\_ **DEPARTMENT**

Application Number	Novelty, Inventive step and industrial applicability	Cross Reference To Related Applications	No. of Patent / Non-Patent Citations	Status	Classification

III Cell – SR



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### **Approval form- Indian or International**

\_\_\_\_\_ **DEPARTMENT**

Title	Application Number	National Filing/ Convention Country (US/EU)/ National + Convention Country	Receiving Office (RO)	Power of Attorney	Fees	Patent Rights

III Cell – AII



Thiagarajar College of Engineering

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Madurai – 625015.

**Company for patent s filing/Attorney**

**\_\_\_\_\_DEPARTMENT**

Name of the Invention	Name of the Company	Services offered by the Company	% of share
	Intellectual Ventures , Banglore		
	inventree		
	R.K.Dewan &Co		
	Khurana & Khurana		

III Cell – CPF/CPA



## Thiagarajar College of Engineering

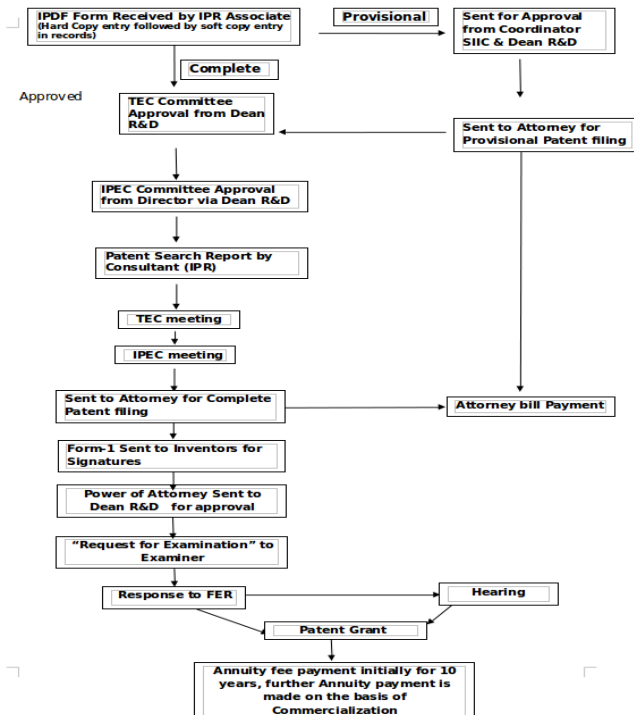
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Madurai – 625015.

**Identify company procedure**

**\_\_\_\_\_ DEPARTMENT**

III Cell – ICP



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Madurai – 625015.

**Patent filing Details**

\_\_\_\_\_ **DEPARTMENT**

Title of Proposed Solution	Name of The Inventors	Assignee	Application No	Filing Date	Contact Information

III Cell – PFD



**Thiagarajar College of Engineering**

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Madurai – 625015.

**Awarded Patent Details**

\_\_\_\_\_ **DEPARTMENT**

Author and Affiliation	Publication date	Patent Number	Subject Category	Document Type	Publisher Information	Funding and / Grant	Contact No	Organization Source	Rights

Name of Inventors	Name of the country	Date of application	Application No.	Status of the application	Date of publication	Date of grant

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Madurai – 625015.

**Finance details**

\_\_\_\_\_ **DEPARTMENT**

Name Of The Invention	Name Of The Inventor	% Share*		Total Amount	Amount to be claimed	Signature
		Attorney				
		Owner				
		Assignors				

III Cell – FD



Thiagarajar College of Engineering

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Madurai – 625015.

**Request letter for Remuneration**

\_\_\_\_\_ **DEPARTMENT**

From

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To

The Principal,  
Thiagarajar College Of Engineering,  
Madurai-15

Through

The HOD,  
Department of Electronics and Communication Engg.,  
Thiagarajar College Of Engineering,  
Madurai-15

Respected Sir,

Sub: Requisition-Patent money-Reg.

In connection with my Patent Application No:-----,THE INTELLECTUAL VENTURES ASIA PTE. LTD has sent the amount -----to our college. As per the rule framed by our Institution, I request you to kindly grant permission to collect the amount due to me.

Thanking you

Madurai-15

Yours faithfully,

Date

Finance Details

<http://patentinindia.com/cost-patent-registration-india>

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