|  |  |
| --- | --- |
| **STRICTLY CONFIDENTIAL** | **Only for Office Use:**  Date of Receipt:  Disclosure No: |
| **INVENTION DISCLOSURE FORM** | |
| **Person who discloses:**  Name:  Address:  Tel. No. Fax No. Mobile. Email. | |
| **Proposed Title of the Invention:** | |
| **Field of Technology:** | |
| **Brief Description of the Invention:** | |
| **Background and related Prior Art:**   1. Technical problem that the inventor encountered: 2. Prior art closest to the invention: 3. Advantages of the invention: | |
| **Drawings:** (If drawings are available, please attach with a brief description of each):  **Comments on the given drawings:** | |
| **Full Description of the Invention:** (fully describe the invention precisely and clearly. Please attach extra papers, as necessary) | |
| **Have you tested the invention as to its practice**? If ‘yes’, please explain: | |
| **Inventor:**  Inventor 1 : Name and address:  Inventor 2: Name and address: | |
| **Has the invention been disclosed prior to this disclosure?** If ‘yes’, please give details as to who, when, how and why so disclosed: | |
| **Do you consent to the invention being assigned to the University?** | |
| **Any additional comments:** | |
| **Signature: Date:** | |