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|  **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:**  |