



தமிழ்நாடு அறிவியல் மற்றும் தொழில்நுட்ப கல்வி கழகம்
TAMILNADU STATE COUNCIL FOR SCIENCE AND TECHNOLOGY
 Directorate of Technical Education Campus, Chennai – 600 025



PATENT INFORMATION CENTRE

PATENT FACILITATION FORM

PIC Reference Number:

(Given by Council)

Date:

<u>Applicant(s)</u>	Address	Nationality
Name:		
Contact no.:		
Email:		
<u>Inventor(s)</u>	Address	Nationality
Name:		
Contact no.:		
Email:		
Title of the invention		
Field of invention		

- Have you approached any other institution for patenting this invention? (If yes, provide details and outcome).

Is the proposed invention novel (new)?	
i) The Invention Is An Addition To The Existing Product/Process	YES/NO
ii) The invention is a modification of the existing product	YES/NO
iii) The invention is entirely new	YES/NO
Whether the proposed invention contains an inventive step?	YES/NO
Whether the proposed invention is capable of industrial application?	YES/NO
For what part of the invention, protection is needed? (tick the relevant)	
i) Product	
ii) Method(Process)	
iii) Both	

Requirements to Draft Complete Specification

1.	Brief description of your invention Note : disclose the best method	
2.	Include diagrams (with proper labeling and brief description) (example : diagrams showing technical implementation, system architecture or any other diagrams)	
3.	Any experimental results available? (example : chart, graphs etc)	YES/NO
4.	what are the advantages of the present invention over existing technologies?	
5.	Unique feature of the invention	
6.	Chemical Structure (if chemical compounds involved)	
7.	If the proposed invention involves biological material, kindly fill the below details	
i)	whether deposition of the material to international depository authority of india made?	YES/NO
ii)	Mention the characteristics of the biological material	
iii)	What is the source and geographical origin of the biological material?	
8.	Indicate the current state of art (status of the invention)	Completed / In-Progress
9.	Is traditional knowledge involved? (usage of ayurvedic/siddha/unani knowledge)	YES/NO
10.	Present Stage Of Development (Including Scale Of Operation / Production, Validation, Quality Etc.)	
11.	Others (IF ANY)	

**Include additional sheets for explanation

Terms of service:

1. The applicant should bear the prescribed Government fee at the time of filing.
2. The applicant should strictly follow the timelines.
3. The council will provide any assistance sought for filing and further information till grant.
4. Any intimation from the Patent Office will be to the applicant's mailid/address. Hence, it is the applicant's responsibility to take over the communication from the Patent Office and get assistance from the state council.
5. The council is for facilitating IP filing, and is not responsible for any adverse office actions and hence cannot give assurance for grant of an application.

I / We certify and declare that all the information provided above are true and correct to the best of my / our knowledge and belief.

Signature with name

Date:

Place:

PATENT INFORMATION CENTRE

Tamilnadu State Council for Science and Technology

DOTe Campus

Chennai-600025.

Tel: 044-22301428 , Fax: 044 – 22301552

Email: enquiry.tanscst@nic.in, ms.tanscst@nic.in

Website: www.tanscst.nic.in



தமிழ்நாடு அறிவியல் தொழில்நுட்ப மாநில மன்றம்

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PATENT INFORMATION CENTRE

FACILITATION SERVICES AFTER FILING

PIC Reference Number:

Date:

1. Service required for: (Tick the relevant)

- Patent
- Trademark
- Design
- Copyright
- Geographical Indication

2. Type of facilitation required:

3. Application No.:

<u>Applicant(s)</u>	Address	Nationality
Name: Contact no.: Email:		
<u>Inventor(s)</u>	Address	Nationality
Name: Contact no.: Email:		
Title		

- Have you approached any other organization for any service related to this Intellectual Property filing? (If yes, provide details and outcome).

Attach the following with this form (Please mention):

1. A copy of documents submitted in Intellectual Property Office

2. Other documents(if any) :

FEE PAID (if any) :

Terms of service:

- 1. The applicant should bear the processing fee (if any) for the facilitation provided and the prescribed Government fee and the nominal processing fee (if any) of the state council.*
- 2. The applicant should strictly follow the timelines.*
- 3. The council shall provide any assistance sought for filing and further information till grant.*
- 4. Any intimation from the Copyright Office will be to the applicants address. Hence, it is the applicant's responsibility to take over the communication from the Patent Office and get assistance from the state council.*
- 5. The council is for facilitating IP filing, and is not responsible for any adverse office actions and hence cannot give assurance for grant of an application.*

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Signature with name



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PATENT INFORMATION CENTRE

INDUSTRIAL DESIGN FACILITATION FORM

PIC APPLICATION NUMBER:

DATE:

1	NAME OF THE APPLICANT	
2	CONTACT NO.	
3	EMAIL	
4	ADDRESS	
5	NATIONALITY	
6	NAME OF THE ARTICLE	
7	NAME OF THE COMPANY	
8	WHETHER IT IS PROPRIETORSHIP / PARTNERSHIP/ PVT. LTD.	
9	TITLE OF THE DESIGN	
10	NOVELTY OF THE DESIGN	

11	INNOVATIVE FEATURES	
11	ABSTRACT	
12	BACKGROUND OF THE DESIGN	
13	DETAILED DESCRIPTION OF THE DESIGN	
14	PHOTOGRAPHS / DRAWINGS OF THE ARTICLE IN SEVEN VIEWS (FRONT, REAR, TOP PLAN, BOTTOM PLAN, LEFT AND RIGHT SIDE ELEVATION AND ISOMETRIC)	
15	INDUSTRIAL APPLICATIONS OF THE ARTICLE	

Terms of service:

1. *The applicant should bear the prescribed Government fee at the time of filing and the nominal processing fee(if any) of the state council.*
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PATENT INFORMATION CENTRE

COPYRIGHT FACILITATION FORM

PIC APPLICATION NUMBER:

DATE:

1	NAME OF THE APPLICANT	
2	CONTACT NUMBER	
3	EMAIL	
4	ADDRESS	
5	NATIONALITY	
6	NAME OF THE AUTHOR	
7	NATURE OF THE WORK (Artistic/ literary/ sound/ Cinematography)	
8	TITLE OF THE WORK	

9	NAME OF THE COMPANY/ FIRM/ ORGANIZATION	
10	NATURE OF THE COMPANY/ FIRM/ ORGANIZATION	
10	WHETHER WORK IS ...	Published/Unpublished
11	IF PUBLISHED, YEAR AND COUNTRY OF FIRST PUBLICATION AND NAME	
12	NAME AND ADDRESS OF THE PUBLISHER	

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Signature with name



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PATENT INFORMATION CENTRE

TRADEMARK FACILITATION FORM

PIC APPLICATION NUMBER:

DATE:

1	NAME OF THE APPLICANT	
2	COMPANY ADDRESS	
3	CONTACT NO. & EMAIL	
4	NATIONALITY	
5	BRAND / TRADE NAME	
6	TRADE DESCRIPTION (TICK THE APPROPRIATE)	<input type="checkbox"/> Goods <input type="checkbox"/> Services
7	BUSINESS DESCRIPTION	
8	COMPANY NAME	
9	WHETHER IT IS PROPRIETORSHIP / PARTNERSHIP/ PVT LTD.	

10	NAME OF PROPRIETOR/ PARTNERS/ DIRECTORS	
11	DATE OF TRADE/BRAND NAME FIRST USED	
12	<p style="text-align: center;">LOGO TO BE TRADEMARKED</p> <p>(Provide correct aspect ratio, size, colours of logo, etc, which has to be trademarked)</p>	

Terms of service:

1. *The applicant should bear the prescribed Government fee at the time of filing and the nominal processing fee(if any) of the state council.*
2. *The applicant should strictly follow the timelines.*
3. *The council will provide any assistance sought for filing and further information till grant.*
4. *Any intimation from the Trademark Registry will be to the applicant's address. Hence, it is the applicant's responsibility to take over the communication from the Patent Office and get assistance from the state council.*
5. *The council is for facilitating IP filing, and is not responsible for any adverse office actions and hence cannot give assurance for grant of an application.*

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Date:
Place:

Signature with name



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PATENT INFORMATION CENTRE

GEOGRAPHICAL INDICATION (GI) FACILITATION FORM

PIC APPLICATION NUMBER:

DATE:

1	NAME OF THE APPLICANT	
2	CONTACT NUMBER	
3	EMAIL	
4	ADDRESS	
5	NATIONALITY	
6	LIST OF ASSOCIATION OF PERSONS/PRODUCERS/ORGANIZATION/AUTHORITY	
7	TYPE OF GOODS	
8	SPECIFICATION	
9	NAME OF THE GEOGRAPHICAL INDICATION [AND PARTICULARS]	

10	DESCRIPTION OF THE GOODS	
11	GEOGRAPHICAL AREA OF PRODUCTION AND MAP - PROOF OF ORIGIN [HISTORICAL RECORDS] (ATTACH SEPARATE SHEET IF REQUIRED)	
12	METHOD OF PRODUCTION	
13	UNIQUENESS	

Terms of service:

1. *The applicant should bear the prescribed Government fee at the time of filing and the nominal processing fee(if any) of the state council.*
2. *The applicant should strictly follow the timelines.*
3. *The council will provide any assistance sought for filing and further information till grant.*
4. *Any intimation from the GI registry will be to the applicants address. Hence, it is the applicant's responsibility to take over the communication from the Patent Office and get assistance from the state council.*
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I / We certify and declare that all the information provided above are true and correct to the best of my / our knowledge and belief.

Date:

Place:

Signature with name