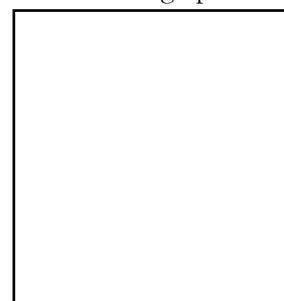


APPLICATION FOR SUBMITTING REQUEST FOR INCLUDING NAME IN THE
ROLL OF SCIENTIFIC ADVISORS UNDER RULE 104 OF THE PATENTS RULES,
2003

SPECIALIZATION APPLIED FOR _____

MICRO-SPECIALIZATION _____

Photograph



1. PERSONAL DETAILS					
<i>(please attach with the application form the self-attested copies of Government Issued IDs clearly showing Name, DoB and Address)</i>					
i.	NAME (IN BLOCK LETTERS)				
ii.	Mobile No.				
iii.	E-mail Id				
iv.	Date of Birth (in Christian era)				
v.	Identity Proof (Govt. Issued)				
vi.	RESIDENTIAL ADDRESS (IN BLOCK LETTERS)	Locality:			
		District:			
		State:			
		Pin Code:			
vii.	PERMANENT ADDRESS (IN BLOCK LETTERS)	Locality:			
		District:			
		State:			
		Pin Code:			
2. QUALIFICATION DETAILS (ESSENTIAL QUALIFICATION & ABOVE)					
<i>(please attach self-attested copies of documents with the application form)</i>					
	Degree/ Certificate	University Board	Main Subject	Year of Passing	% Marks/ Division
i.					

ii.					
iii.					
iv.					
v.					
vi.	(Add row if required)				

3. TECHNICAL, PRACTICAL OR RESEARCH EXPERIENCE

(please attach self-attested copies of documents with the application form)

	Organisation	Post Held	Duration (From - To)	Duration	Nature of Duties (Specialization / Micro-specialization)
i.					
ii.					
iii.					
iv.					

v.	(Add row if Required)				
4.	QUALIFICATION/ EXPERIENCE REQUIRED AS MENTIONED IN THE NOTIFICATION	Qualification/ Experience possessed by the applicant <i>(please attach self-attested copies of documents with the application form)</i>			
i.	Degree in science, engineering or technology or equivalent in the applied specialization				
ii.	At least fifteen years' technical, practical or research experience in the applied specialization (Please mention Specialization and Micro-specialization)				
iii.	Holding or has held a responsible post in a scientific or technical department of the Central or State Government or in any organization	Responsible Post Holding/ held	Name of Organization	Period	
5.	Additional information, if any, relevant for the inclusion of your name in the roll of scientific advisors and in support of your suitability for the scientific advisor of the specialization you applied for <i>(please attach self-attested copies of documents with the application form)</i>				
i.	Additional Qualifications				
ii.	Additional Experience				
iii.	Professional Training				

iv.	Any Achievements/ Awards/ Scholarship/Appreciation etc.	
6.	Please state clearly whether in the light of the entries made by you above, you meet the requisite essential qualification and work experience required for the inclusion of your name in the role of scientific advisors as per rule 103 of the Patents Rules, 2003 (as amended)	
7.	Please state clearly whether you are eligible for the inclusion of your name in the role of scientific advisors as per rule 103a of the Patents rules, 2003 (as amended) <i>(please attach self-attested copy of signed undertaking with the application form)</i>	
8	Note:- Enclose a separate sheet wherever space is insufficient	

I have carefully gone through Section 115 of the Patents Act, 1970 (as amended), as well as Rules 103 to 107 of the Patents Rules 2003 (as amended), along with the notification regarding the inclusion or updating of names in the roll of Scientific Advisors. I understand that the details/ information provided in my bio-data and application form, supported by the required documents concerning my qualifications and eligibility, will be assessed by the Office of the Controller General of Patents, Designs & Trade Marks (CGPDTM). I affirm that all information and details I have submitted are accurate and true to the best of my knowledge, and I have not suppressed or withheld any material facts that could affect my inclusion in the roll of Scientific Advisors.

Place

Date:

Signature of the Candidate

UNDERTAKING

I, _____, son/daughter of _____, residing at _____

hereby undertake the following:

1. I confirm that I have not been adjudged by a competent court to be of unsound mind.
2. I declare that I am not an undischarged insolvent.
3. I confirm that, if I am a discharged insolvent, I possess a certificate from the court stating that my insolvency was caused by misfortune without any misconduct on my part.
4. I affirm that I have not been convicted by a competent court, whether within or outside India, of an offence requiring a term of imprisonment, except for any offence that has been pardoned or for which the Central Government has removed the disability by order upon my application.
5. I declare that I have not been guilty of professional misconduct.

I understand that providing false information in this undertaking may lead to disqualification from being included in the roll of scientific advisors.

Date:

Place:

Signature of the Applicant

Name of the Applicant