

Pls mail the form to iprfittteam@gmail.com with a copy to mdfitt@gmail.com

INFORMATION SUBMISSION FORM
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- a) **Title of the work:**

- b) **Principal Investigator with his / her Department / Centre:**

- c) **Details of all the Co-Investigators/Inventors/creator(students, staff or visiting faculty)with Dept. / Centre / Organization mentioning contact no. and email id:**

- d) **Application Number and Date of Filing:**

- e) **Details of Attorney/Law firm(attached Annexures if required):**

- f) **In case of Joint IP, provide (MoU/Agreement) with the sponsoring agency of the project towards IP management (attached Annexures if required):**

- g) **A brief abstract about the work(attached Annexures if required):**

- h) **Key features:**

- i) **Advantages:**