



Internal Undertaking for Patent/Copyright/Trademark

I/We 1 -----2-----3-----
 -----S/o 1-----2-----
 -----3-----Resident of 1 -----2-----
 -----3-----and ----- bonafide
 Student/Faculty of KIET group of Institutions, Ghaziabad and enrollment number/
 employee ID is -----
 -----, Branch-----

I/We have in the course of my study/employment invented -----
 -----titled-----
 -----by using the facilities of Institute and
 I/We are the true and first inventor.


I/We hereby abide by the IPR policy which was approved by the management and now public to all stakeholders. Also the intent of research policy of KIET is towards promoting and encouraging Students/Faculties for recognition of their work by protecting their invention through filing patent/copyright/trademark.

I/We opting the following option. (Please tick the option chosen by you)

Option 1:- I/We would not opt for engagement with the institute to file the patent. I/We shall file the patent in the individual capacity and bear all the expanses to be incurred on filing the patent/copyright/trademark etc.

Option 2:- I/We would like to engage with the institute for filing the patent/copyright/trademark as per IPR policy clause mention below.

I/We hereby state that we shall be abide by the IPR policy clause no 8.2, 8.3, 9, 9.1, 9.2, 10, 10.1, a, b, c and 10.2 approved by college management.


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I/We don't have any objection by giving unconditional rights to college (KIET Group of Institutions) to file and registered the patent/copyright/trademark in their name. My/Our claims shall be as per the defined ratio in clause no10, 10.1, a, b, c and 10.2 of IPR for sharing revenue if generated through commercialization either by transferring technology fee/royalty/ onetime fee or establishing the venture in future. Both parties shall keep update to each other as per clause and shall abide by the policy.

I/We have given this undertaking at my/our own will and without having any kind of compulsion and pressure by and on behalf of the Institute.

| Signature of the Inventor(s) | Recommendation of HoD |
|------------------------------|-----------------------|
| Email ID:----- | Department----- |
| Mobile No.----- | |

Recommendation of General Manager-TBI

Approved (Remark if any) By: Director


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