**3RD IP EXCELLENCE AWARDS 2023**

**NOMINATION FORM**

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| Applicants Name |  |
| Organization Name |  |
| Applicants Email |  |
| Applicants Mobile & Landline number |  |
| Link to website |  |
| Signature |  |

1. **WHICH CATEGORY DOES YOUR ORGANIZATION FALL UNDER:**

🞎 Large Enterprise

🞎 MSMEs

🞎 IP Firm

🞎 R&D Institute

🞎 Academic Institute

🞎 Start-up

🞎 IP Service Providers

**COMPANIES/FIRMS REGISTERED UNDER ANY OF THE FOLLOWING LAWS IN INDIA** 🞎 Partnership Act 🞎 LLP

🞎 LLP 🞎 MSME Act

🞎 Companies Act 🞎 Other

1. **YEAR OF ESTABLISHMENT: …………**
2. **SPECIFY YOUR SECTOR**

🞎 Engineering/ Manufacturing Sector 🞎 ICT & Services

🞎 Life Sciences 🞎 Other

* **FOR R&D INSTITUTES (CATEGORY)**

**All about your University**

|  |  |
| --- | --- |
| **STATUS (please select the appropriate category)** | |
| Government (State, Central), Private, Autonomous & Deemed |  |
| **ACCREDITATIONS** | |
| NAAC, NIRF and UGC |  |
| **IP STATUS:** | |
| **IS UNIVERSITY HAVING AN IP CELL? Yes/No** | |
| **IS UNIVERSITY HAVING AN IP POLICY? Yes/No** | |
| **IS UNIVERSITY HAVING A TECHNOLOGY TRANSFER OFFICE? Yes/No** | |
| **IS UNIVERSITY OFFERING INCUBATION FACILITIES? Yes/No** | |
| **IS IP PART OF THE CURRICULUM? Yes/No** | |
| **IP FACILITATION** | |
| Number of patents filed: | Number of Patents Granted: |
| Details about any other type of IP filed | |
| **WHY YOU DESERVE THE AWARD? (<500 WORDS)** | |

***To be filled by Applicant***

**Nomination Fees**

|  |  |
| --- | --- |
| **METHOD OF PAYMENT** | **Details** |
| NEFT / DD / Cheque in favour of ASSOCHAM payable at New Delhi |  |
| **Online payment details:**  \*IFSC Code: HDFC0004711  \*Bank Name: HDFC Bank Limited  \*Bank Address: Malcha Marg, Chanakyapuri, New Delhi - 110021  \*Bank Account Number: 05031110000062  \*Bank Account holder name: The Associated Chambers of Commerce and Industry of India  IBAN (if applicable):  \*BIC (SWIFT) Code: HDFCINBB  Intermediary Bank (if applicable): | |

I, <name of the person>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that I have complete authority to act on behalf of the <company name> \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with regards to this nomination and their participation in this Awards and I have filled the form and declare that all information provided in this nomination form is true and correctly represented.

|  |  |
| --- | --- |
| **Name of Designated Official:** |  |
| **Designation:** |  |
| **Mobile:** |  |
| **Direct Line:** |  |
| **Email id** |  |
| **Signature** |  |

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