

Innovation Disclosure Form

Form ORIC-UOS-17

Instructions:

1. Please only type in the gray area by clicking the cursor there
2. Try to write precisely
3. Hard copy/handwritten forms will not be entertained
4. After completion, convert the form into PDF for onward transmission
5. Share the form with ORIC with a weak after execution of the event
6. Please fill out the form below completely, sign it, and email it to [oric.media@uos.edu.pk](mailto:oric.media@uos.edu.pk)

**1. Innovation Title: *Click here to enter text.***

**2. Description of the Innovation**

A. What was the problem you set out to solve? ***Click here to enter text.***

B. What new and novel innovation have you developed to solve that problem? ***Click here to enter text.***

C. How is your innovation a better solution than what is currently available in commercial products? ***Click here to enter text.***

D. Describe any experimental work suggesting that your innovation is a solution to that problem. Identify specific test data, models, or products created. ***Click here to enter text.***

E. Are there limitations to your innovation? Are you continuing experiments to overcome these limitations? ***Click here to enter text.***

F. Please attach any additional materials to explain your innovation, such as manuscripts, photos, or drawings.

**3. Innovation Record**

A. Please provide a date when you first came up with your innovation. ***Click here to enter text.***

B. Did you describe the first demonstration in a lab notebook or other record? ***Click here to enter text.***

**4. Disclosure Record**

A. Have you disclosed the innovation in an abstract, manuscript, conference document, conference presentation, conversation, news story, or thesis? ***Click here to enter text.***

If yes, please provide:

* The date: ***Click here to enter text.***
* Form/format of disclosure: ***Click here to enter text.***
* a copy or details

B. Do you plan to have a publication or other disclosure in the next six months? ***Click here to enter text.***

If yes, please provide:

* The predicted date: ***Click here to enter text.***
* Form/format of disclosure: ***Click here to enter text.***
* A copy of drafts, preprints, etc.

C. Have you disclosed your innovation to industry representatives? ***Click here to enter text.***

If yes, please provide

* The name of the company: ***Click here to enter text.***
* The company representatives: ***Click here to enter text.***
* Name: ***Click here to enter text.***
* Email: ***Click here to enter text.***
* Phone number: ***Click here to enter text.***

D. Has there been any sale, offer of sale, commercial testing or public use of the innovation? ***Click here to enter text.***

If yes, please provide the sale, testing or use

* The date of sale: ***Click here to enter text.***
* Form/format of disclosure: ***Click here to enter text.***
* A copy or details

**5. Sponsorship/Funding**

A. Was the research that led to the invention sponsored? ***Click here to enter text.***

If yes, please provide:

* Sponsor Name: ***Click here to enter text.***
* Sponsor/Agency ID#: ***Click here to enter text.***
* University of Sargodha Grant #: ***Click here to enter text.***
* University of Sargodha Grant & Contract Administrator: ***Click here to enter text.***

**6. Commercialization**

A. Who or what companies are active in the same space as your innovation? ***Click here to enter text.***

B. If anyone has expressed interest in your innovation for its commercial potential, please provide the name of entity and information on any proposed licensing terms. ***Click here to enter text.***

C. If the innovators have any financial interest in the proposed licensee organization (including investment, income, or as position as owner, director, officer, trustee, or employee), please describe in detail the Economic Interest: ***Click here to enter text.***

**7. KEY CONTACT or LEAD INVENTOR**

A. Who should the Office contact for routine communications?

* Name: ***Click here to enter text.***
* Email: ***Click here to enter text.***

**8. INNOVATOR(s) and SIGNATURE(s)**

List the names and titles of all contributors to this work, including lead author/artist. Be sure to include all inventors/creators and identify their % contribution. The contribution of all should total 100%. The Lead author/artist contributes the highest %.

The signature lines below MUST be signed. The date of the last signature is the date when this disclosure comes into effect.

Name: ***Click here to enter text.*** % Contribution \_ ***Click here to enter text.*** \_

Title: ***Click here to enter text.***

Department: ***Click here to enter text.***

College/School: ***Click here to enter text.***

University (if other than University of Sargodha): ***Click here to enter text.***

Home Address: ***Click here to enter text.***

E-Mail Address: ***Click here to enter text.***

Citizenship: ***Click here to enter text.***

If not a US Citizen, please provide an Alien registration number and expiration date

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Cut/paste to add more)

**If you anticipate that there will be software, patents, and/or copyrights that in some way relate to this Trademark, please submit the specific disclosure form to the University of Sargodha.**

For ORIC-UOS use only

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| 1. | Ref No. |  |

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| 2. | Date of submission: |  |

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Director ORIC Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_