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| **Request Form for Disseminating Innovation Information via IIVCC Website** |
| Name |  |
| Designation  |  |
| Department / Unit |  |
| Faculty |  |
| Contact Number (Intercom)  |  |
| Contact Number (Mobile) |  |
| Email Address |  |
|  |  |
| Type of Innovation **(Tick one or more category below)** |
|  | Invention |  |
|  | Innovative product/service |  |
|  | Student / Staff initiated startup venture |  |
|  | Industry collaboration |  |
|  | Participations in national level exhibitions / innovation competitions |  |
|  | Awards at national / international innovation competitions |  |
|  | Any other (Describe) |  |
|  |  |
| Brief Description of Innovation (Max. 200 words) |  |
|  |
| Collaborators (Internal and/or External) if any |  |
|  |
| Link to the folder containing additional information including photos, Videos (e.g. Google drive) |
|  |
| Declaration (tick both boxes to confirm)  |  |
|  |  | I hereby certify that the details furnished above are accurate and true. |
|  |  | I have informed all collaborators of the innovation listed above prior to making this request and have acknowledged them. We hereby consent to publish this information on the IIVCC Website.  |
|  |
| …………………………………………………Date | …………………………………………………Signature of Applicant |
| Recommendation By Head of Department |
| …………………………………………………Date | …………………………………………………Signature – Head of Department |
| Recommendation By Dean |
| …………………………………………………Date | …………………………………………………Signature – Dean |