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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 | |