

Objective

- To give hands-on-training of patent search
- To assist in drafting provisional and complete patent application
- To assist in filing patent applications of the participants
- Hands-on-training on copyright filing
- Hands-on-training on design registration

Contents

- Demonstration of patent search methodology
- Demonstration of patent filing procedure in India
- Patent drafting and filing
- Demonstration of copyright filing and design registration
- Screening of research idea/work/thesis for patent ability (All researchers may bring documents for screening)

Resource persons

Techno-legal experts from industry and academia.

Participant

Faculty members of Pharmacy Colleges, Institutes and Universities.
Students (UG, PG and PhD) of Pharmacy Colleges, Institutes and Universities.

Registration fee

Faculty members	:	Rs 350/-
Students	:	Rs 300/-

Organizing Committee

Chairman	:	Dr. Sandeep Arora
Convener	:	Dr. Inderbir Singh
Co-ordinators	:	Ms. Manju Nagpal Thakur gurjeet singh Mr. Rakesh Sindhu

(On the behalf of IPR nodal cell for PSCST at Chitkara College of Pharmacy)

E-mail : ccpconferences@chitkara.edu.in

CHITKARA UNIVERSITY - PUNJAB
Chandigarh-Patiala National Highway (NH-64) | Punjab



IPR CLINIC

A Workshop on

**PATENT,
COPYRIGHT DRAFTING,
FILING &
DESIGN REGISTRATION**



Organized by

IPR Nodal Cell for PSCST

Chitkara College of Pharmacy, Chitkara University, Punjab

in Association with

**Punjab State Council for Science and Technology (PSCST),
Chandigarh and APTI, Punjab State Branch**

Date: 16th January 2015

**Venue : Chitkara College of Pharmacy
Chitkara University, Punjab**



REGISTRATION FORM

IPR CLINIC

A Workshop on

Patent, Copyright Drafting, Filing & Design Registration

Date: 16th January 2015,

Venue : Chitkara College of Pharmacy, Chitkara University, Punjab

Name: _____

Age : _____ Sex : Male ☐ Female ☐

Designation: _____

Official Address : _____

Phone (With STD Code) : _____ Mobile : _____

E-mail: _____

Payment Mode DD/Cheque ☐ Cash ☐

DD/Cheque No. & date _____

Amount in Rs. _____

Name of Bank _____

(Demand Draft/Cheque to be drawn in the favour of Chitkara College of Pharmacy)

Signature

Date : _____

Place _____