

PATENT APPLICATION FORM

Form #	SR-500-F1	Revision #	01
Accessibility level	A	Effective date	Jan 20, 2021

INFORMATION AND AUTHORIZATION

Proposed Invention Title:
Field of Invention:
Date Submitted to CEIP:

The patent is related to a Research Project: Yes No

(If yes, attach the Research Projects sheet)

INVENTORS

Number of Inventors: ()

Inventor No. 1			
Name:			
Category:	FBSU Employee <input type="checkbox"/>	FBSU Student <input type="checkbox"/>	Non-Employee <input type="checkbox"/>
Position:		Specialization:	
College/ Company:		Department:	
E-Mail:		Telephone:	
Inventor No. 2			
Name:			
Category:	FBSU Employee <input type="checkbox"/>	FBSU Student <input type="checkbox"/>	Non-Employee <input type="checkbox"/>
Position:		Specialization:	
College/ Company:		Department:	
E-Mail:		Telephone:	
Inventor No. 3			
Name:			
Category:	FBSU Employee <input type="checkbox"/>	FBSU Student <input type="checkbox"/>	Non-Employee <input type="checkbox"/>
Position:		Specialization:	
College/ Company:		Department:	
E-Mail:		Telephone:	



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SUMMARY AND DRAWINGS OF THE INVENTION

Abstract of the Invention

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BACKGROUND OF THE INVENTION (RELATED PATENTS)

You can use the following links below for related inventions

- 1- <https://patents.google.com/>
- 2- <https://worldwide.espacenet.com/>
- 3- <https://www.wipo.int/patentscope/en/?>

Related Patent Table

Patent No.	Patent/Product Name	Website Link	Differences between the proposed invention and this invention
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

You can add more number of related patents if needed

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Summary of the Invention

Methodology

Drawings

Figure 1:

Figure 2:

Figure 3:



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Brief Description of Drawings

Table of Components/Parts

Part No.	Part/Component Name	Part/Component Function
1		
2		
3		
4		
5		

List of Claims (Preferable)

Applicants

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We (I), the undersigned, do swear under oath that we are (I am) the sole and first inventor(s) of the said product, and agree to abide by all the rules and regulations in FBSU University and in the Technological Incubator in case our application is approved. We agree to be physically present during the work period in the incubator:

1)	Name:	Signature:	Date:
2)	Name:	Signature:	Date:
3)	Name:	Signature:	Date:

FOR THE DEANSHIP OF SCIENTIFIC RESEARCH

Recommendations:

Signature:
Date: