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| **FACT SHEET for INVENTION DISCLOSURE****for Staff-Supervised Inventions** |
| **Intellectual Property and Technology Transfer Office (IPTTO)****Enterprise / University Business Linkage Center (UBLC)****University of Moratuwa, Sri Lanka** |

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| **A. Personal Details of the Applicant / Group Representative / Principal Investigator** |
| Name |  |
| Position |  |
| Official Address |  |
| Home Address |  |
| Telephone | Mobile |  | Office | - |
| Email |  |

**Note**: In a group project, one member as the contact person representing the group needs to fill the above section, and the details of all the other members are to be filled in section C – list of inventors

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| **B. Technical Information** |
| Title of your Invention |  |
| Describe your invention? (Max 250 words) |  |
| What will be the potential products /services? |  |
| Stage of the product development | *Concept* | Lab working prototype | Field Tested prototype |
|  |  |  |  |
| TRL Level |  |
| Novel features | Benefits / Competitive Advantages |
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| What existing problem or unmet need does the innovation address? |
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| What advantages does it possess over current technologies/solutions? |
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| Specify the closest technologies known to you currently |
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| **D. Project Information** |
| Check the type of work/ project | *Individual research* |  | *UG/PG project* |  |
| *Consultation work* |  | *Other* |  |
| Name Funding source | *Self* | *State* | *Industry* | *Others (mention)* |
|  |  |  |  |
| Project Location |  |
| List all Collaborators |  |
| List all Co-workers |  |
| List all Inventors |
| Full Name | Department/Section | Institute | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Has this innovation been publicly disclosed? |
| If YES, please specify: |
| Date of Publication |  |
| Published Reference |  |

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| **E. The Value Proposition** [Note: fill the brackets with relevant wording]For ……………… (customer), …………………….. (Technology) developed into ………………… (Product) offers ………………… (immediate outcome), allowing the user ……………………….. (high level outcome) …………………………(*the problem*] better than ………………………………… (*alternative products or solutions)*.  |
| Prospective Customer (s) |  |
| Benefit to the customer (s) |  |
| Market size | small | moderate | big |
|  |  |  |
| Competitive product(s) |  |

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| **F. Further Development Plan (as applicable)** |
| Further required technology development activities. | 1.2.3. |
| Funding available? | *Yes* |  | *No* |  |
| Expected date of working prototype |  |
| Support expected from UBLC | *IP Protection* | *licensing* | *startup* | *other* |
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| **G.** If you are expecting IP protection support, what type of intellectual property are you considering or planning to apply for?  |
| 1. Patent
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| 1. Industrial Design
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| 1. Copyright / protectable aspects
 |  |
| 1. Tangible IP (bio or other materials)
 |  |
| 1. Software
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| 1. Other
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| **H. Statement** |
| *I certify that the information provided above are true and correct to the best of my knowledge* |
| *Name* | *Signature* | *Date* |
|  |  |  |

Note: digitally scanned signature is acceptable

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| Official Use Only |
| Received Date | Annual IDF No: | Extended IDF No: |
|  |  |  |
| Remarks: |  |