

VIT/IPR-04

## **IP Facilitation Request**

	11 1 uemuuton requese	Date:
Name	:	
<b>Designation /Affiliation</b>	:	
Emp ID / Reg. No	:	
School	:	
To The Dean / Director	_(School /Center Name)	
I am forwarding my inv	vention titled	
to IPR Cell for	patent filing facilitation . I req	uest your kind
approval.		
Signature		
Recommendation of the	e Dean /Director	
Signature & Seal		