

INVENTION/TECHNOLOGY DISCLOSURE FORM

Pursuant to the University's Intellectual Property Policy, you are required to inform in writing if you have developed any Intellectual Property (IP), which may have commercial potential or pursuant to any agreement with an external party.

Please complete this Invention/Technology Disclosure Form and submit it to **Nanyang Technological University – NTUitive Pte Ltd (NTUitive)** via email at TD_Submission@e.ntu.edu.sg, together with a detailed write-up of the invention/technology and other supporting documents, where applicable. Please complete **ALL** fields in the Form, as an incomplete Form may cause a delay in the review process.

Should there be more than one inventor, this Form is to be submitted through the first-named inventor. Do note that correspondence relating to this Form will be directed to this first-named inventor.

The first-named inventor is also responsible to ensure that all co-inventors are included in the Form. Do note that patents may be invalidated if all true inventors have not been named.

CAUTIONARY NOTES:

Submission of this Invention/Technology Disclosure Form is an official notification to NTUitive that an intellectual property (IP) has been conceived/developed; it does not automatically mean that a patent for an invention/technology will be filed at a Patent Office. NTUitive will review and evaluate the patentability and commercial potential of the invention/technology to support the decision of whether or not patent protection should be sought.

Prior to filing of a patent, any form of enabling disclosure (including verbal, presentation at a conference, poster presentation, or paper publication – including online publication, etc.) of the invention/technology to any third party or the public will jeopardise its patentability and affect the decision for patent-filing.

An inventor is a person who made an intellectual contribution to the conception or development of the invention/technology. A person who reduces these ideas to practice working under the direction of others is not necessarily an inventor, although the person may be a co-author of publications which subsequently describe the invention. Failure to name true inventor(s) in a patent may subject the patent to invalidation by the Patent Office. If there is doubt as to whether an individual should be named as an inventor, please approach NTUitive for assistance.

PART I

A. TO BE COMPLETED BY THE FIRST-NAMED INVENTOR

To : Nanyang Technological University – NTUitive Pte Ltd (NTUitive)

Cc : Chair, School of _____ or Director of (Centre/Institute) _____

From : _____
(Name and School of First-Named Inventor)

Subject : _____
(Title of Invention/Technology)

We wish to submit the following invention/technology disclosure for the purpose of (please tick the appropriate box):-

- Patent Filing Consideration**
- Know-how or Confidential Information Documentation Only**
- Copyright Documentation (Software Only)**
- Others:** _____ *(Please indicate - e.g. trade secret, design etc.)*

Name of 1 st -Named Inventor School /Centre/Institute:	Name of Co-Inventor School /Centre/Institute:	Name of Co-Inventor School /Centre/Institute:	Name of Co-Inventor School /Centre/Institute:
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Date of submission: _____

B. To be completed by Nanyang Technological University – NTUitive Pte Ltd (NTUitive)

ACKNOWLEDGEMENT

To: Prof/Assoc Prof/Asst Prof/Dr/Mr/Ms _____

This is to acknowledge the receipt of your Invention/Technology Disclosure on _____ (*dd/mth/yr).
You will be advised of the decision by NTUitive within 3 months from the date above.

NTUitive Pte Ltd

Date

1. Project Grants and Sponsors

Please carefully consider **ALL** project grants and/or sources of funds used in the research that led to this invention and provide the details below (including University grants), as the University may have certain obligations to the sponsors.

Please provide a copy of:

- a) any Letter of Grant Award and the Grant terms and conditions;
- b) any related MOU/Research Collaboration/Project Agreement.

University Grant(s) / Collaborator(s) <i>(E.g. NTU Startup Grant, MOE Tier 1, Tier 2 or Tier 3, NRF Fellowship, NRF CRP, NRF CREATE Program, NTU Corporate Lab – please specify which Program or Corporate Lab, Research Collaborator(s), Etc.)</i>	Grant Number(s)	Duration of Grant(s)	Amount(s) Awarded	Principal Investigator(s)

Please insert additional rows, when necessary.

2. Use of Materials Obtained from External Sources

(a) Was any aspect of the invention made possible by use of proprietary materials from external sources (individuals / companies/organizations)? Please tick relevant box:

- Yes No

(b) If yes, kindly provide details and attach a copy of any relevant Material Transfer Agreement or other agreement under which the materials were received.

(c) Was any external third party codes or trained model using external dataset incorporated in the software invention (e.g. open source/commercial/3rd party software, libraries, data set)? (Please tick relevant box):

- Yes No

If yes, please indicate:

Name of software/data set used:	
Source/data URL or data consent form:	
License type (please provide details and provide a copy of the relevant agreement):	

3. Description of the Invention

- (a) A detailed write-up of the Invention should be submitted together with this Form as a **separate attachment**.

The write-up should contain the following information:

- (i) Background of the Invention – a description and analysis of existing technologies and relevant prior art;
- (ii) Novelty of the Invention (unique features not provided by existing technologies, etc.);
- (iii) Advantages and improvements over existing methods, devices or materials;
- (iv) Technical description of the Invention;
- (v) Commercial applications of the Invention.

If prior art and patent searches have been carried out, please provide us with your search results, together with information on the databases searched and the key words/classifications used.

- (b) Stage of Development of Invention (please tick appropriate box)

Concept only Initial data obtained Concept proven Prototype available

4. Potential Licensees

- (a) Please provide details of any companies/organizations that you are aware of which are working in a similar field and/or may be interested in this invention. Please also provide the details of the relevant contact person in the company/organization if contact has already been made and also the stage of discussions, if applicable

Company	Contact Person	Designation	Contact Number/ E-mail	Stage of Discussions

- (b) If the inventors are interested in starting a company based on this invention, or if the inventors are aware of anyone who may be, please provide further details.

5. Publications / Public Disclosures

As public disclosures may affect the patentability of an invention, the information below will assist in determining whether a patent can be filed. Please provide copies of any publications / presentations / posters related to this invention together with this Form.

Has the invention been described in any publication (includes theses, abstracts and any printed or on-line publication)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:- Date of publication: Publication/Journal/Website:
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Has there been any oral public disclosure of the invention (e.g. presentation or lecture)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:- Date of disclosure: Occasion:
If unpublished and undisclosed, has a manuscript describing the invention been submitted for publication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:- Date of submission: Expected date of publication: Publication/Journal/Website:

Note: If a Student Thesis or Final Year Project (FYP) Report contains information on this invention being considered for possible patenting, please submit a request to NTU Library to withhold public access to any submitted thesis. Please refer to <https://libguides.ntu.edu.sg/drntu/Embargo> for details.

6. Particulars of Inventors and Inventors' Declaration

I/We (The Inventor(s)) consent that my/our particulars will be used for IP administrative purposes (such as, in IP assignment documents, in patent filings etc.). Where necessary, certain information may be transmitted by NTUitive to research grantors.

By signing below, I/we declare and confirm that all statements made and the information provided are, to the best of my/our knowledge, true and correct, and that I/we have not withheld any material fact, and I/we have not knowingly omitted inclusion of any other inventor(s) besides me/us. I/We have read and understood the University's Intellectual Property Policy and I/we confirm that I/we are in compliance with the guidelines therein.

Notes: *The Inventors' share of commercialisation revenue upon commercialisation of this IP shall be distributed among the Inventors in accordance with the percentage Inventive Contribution, as provided in this TD form. The percentage of Inventive Contribution should reflect each Inventor's contribution to the inventive concept(s) of the invention/technology, as agreed amongst the Inventors. If Inventive Contribution percentage cannot be agreed upon by the Inventors, NTUitive will assume equal distribution.*

If there are more than four Inventors, an additional sheet is to be attached with the Inventors' particulars and signatures.

Please inform NTUitive of any change to your particulars in due course (especially, contact details), so that NTUitive may continue to send you key patent-related correspondence and any commercialisation revenue pay-out(s).

Inventor 1	
Title <i>Please tick relevant box</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Asst Prof <input type="checkbox"/> Assoc Prof <input type="checkbox"/> Prof
Family Name/Last Name/Surname (as in NRIC/Passport)	
Given Name (as in NRIC/Passport)	
Employee ID No. (from Workday) If unavailable, please provide Passport No. or Student Matriculation No. (as applicable)	

Country of Citizenship		SG Permanent Resident (Yes/No)	
University/Company/Organisation		For ex-employee, please tick this box: <input type="checkbox"/>	
Faculty/Centre/School/Department /Division			
Position in University <i>Please tick relevant box</i>	<input type="checkbox"/> Faculty <input type="checkbox"/> Research Scientist <input type="checkbox"/> Post-doc / Research Fellow <input type="checkbox"/> Research Associate <input type="checkbox"/> Project Officer <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Others: <i>(Please indicate)</i> _____		
Any other affiliation (e.g. joint appointments at another entity, dual employments, technical advisory roles to other organizations) during conception of invention	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details to (a) and (b) below: (a) Please indicate the organization, department, address and position: (b) Please specify if any part of this work in this TD has been performed under a capacity linked to your other affiliations:		
Residential Address			
NTU Email Address			
Alternative Email Address			
Contact No.			
Inventive Contribution (%)			
Date:	Signature:		

Inventor 2			
Title <i>Please tick relevant box</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Asst Prof <input type="checkbox"/> Assoc Prof <input type="checkbox"/> Prof		
Family Name/Last Name/Surname (as in NRIC/Passport)			
Given Name (as in NRIC/Passport)			
Employee ID No. (from Workday) If unavailable, please provide Passport No. or Student Matriculation No. (as applicable)			
Country of Citizenship		SG Permanent Resident (Yes/No)	
University/Company/Organisation		For ex-employee, please tick this box: <input type="checkbox"/>	

Faculty/Centre/School/Department /Division	
Position in University <i>Please tick relevant box</i>	<input type="checkbox"/> Faculty <input type="checkbox"/> Research Scientist <input type="checkbox"/> Post-doc / Research Fellow <input type="checkbox"/> Research Associate <input type="checkbox"/> Project Officer <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Others: <i>(Please indicate)</i> _____
Any other affiliation (e.g. joint appointments at another entity, dual employments, technical advisory roles to other organizations) during conception of invention	<input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, please provide details to (a) and (b) below:</p> <p>(a) Please indicate the organization, department, address and position:</p> <p>(b) Please specify if any part of this work in this TD has been performed under a capacity linked to your other affiliations:</p>
Residential Address	
NTU Email Address	
Alternative Email Address	
Contact No.	
Inventive Contribution (%)	
Date:	Signature:

Inventor 3			
Title <i>Please tick relevant box</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Asst Prof <input type="checkbox"/> Assoc Prof <input type="checkbox"/> Prof		
Family Name/Last Name/Surname (as in NRIC/Passport)			
Given Name (as in NRIC/Passport)			
Employee ID No. (from Workday) If unavailable, please provide Passport No. or Student Matriculation No. (as applicable)			
Country of Citizenship		SG Permanent Resident (Yes/No)	
University/Company/Organisation		For ex-employee, please tick this box: <input type="checkbox"/>	
Faculty/Centre/School/Department /Division			
Position in University <i>Please tick relevant box</i>	<input type="checkbox"/> Faculty <input type="checkbox"/> Research Scientist <input type="checkbox"/> Post-doc / Research Fellow <input type="checkbox"/> Research Associate <input type="checkbox"/> Project Officer		

	<input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Others: <i>(Please indicate)</i> _____
Any other affiliation (e.g. joint appointments at another entity, dual employments, technical advisory roles to other organizations) during conception of invention	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details to (a) and (b) below: (a) Please indicate the organization, department, address and position: (b) Please specify if any part of this work in this TD has been performed under a capacity linked to your other affiliations:
Residential Address	
NTU Email Address	
Alternative Email Address	
Contact No.	
Inventive Contribution (%)	
Date:	Signature:

Inventor 4			
Title <i>Please tick relevant box</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Asst Prof <input type="checkbox"/> Assoc Prof <input type="checkbox"/> Prof		
Family Name/Last Name/Surname (as in NRIC/Passport)			
Given Name (as in NRIC/Passport)			
Employee ID No. (from Workday) If unavailable, please provide Passport No. or Student Matriculation No. (as applicable)			
Country of Citizenship		SG Permanent Resident (Yes/No)	
University/Company/Organisation		For ex-employee, please tick this box: <input type="checkbox"/>	
Faculty/Centre/School/Department /Division			
Position in University <i>Please tick relevant box</i>	<input type="checkbox"/> Faculty <input type="checkbox"/> Research Scientist <input type="checkbox"/> Post-doc / Research Fellow <input type="checkbox"/> Research Associate <input type="checkbox"/> Project Officer <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Others: <i>(Please indicate)</i> _____		
Any other affiliation (e.g. joint appointments at another entity,	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>dual employments, technical advisory roles to other organizations) during conception of invention</p>	<p>If yes, please provide details to (a) and (b) below:</p> <p>(a) Please indicate the organization, department, address and position:</p> <p>(b) Please specify if any part of this work in this TD has been performed under a capacity linked to your other affiliations:</p>
<p>Residential Address</p>	
<p>NTU Email Address</p>	
<p>Alternative Email Address</p>	
<p>Contact No.</p>	
<p>Inventive Contribution (%)</p>	
<p>Date:</p>	<p>Signature:</p>