



Govt. of N.C.T. of Delhi
DELHI TECHNOLOGICAL UNIVERSITY
(Formerly Delhi College of Engineering)
Shahbad Daulatpur, Bawana Road-Delhi-42

F. No. DTU/IRD/544/2017/Awards/Innovation/13304

Date: 12/03/2026

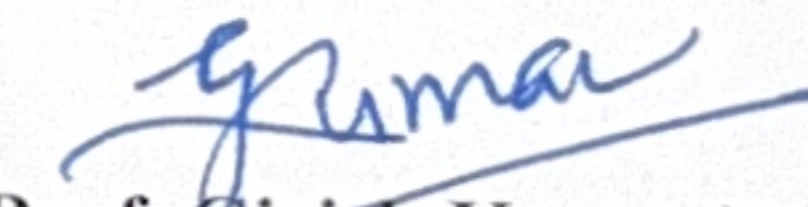
To
All the HoD's
Delhi Technological University
Delhi

Dear Sir/Madam,

Please find enclosed application form for **"Innovation Research Awards for the Inventors of Delhi Technological University"** for the period 1st Jan. – 31st Dec. 2025, with a request to circulate the same among the faculty members of your Department for necessary action.

The complete and filled up applications in Google Form (<https://forms.gle/kAEjMNVmZPrJdz1k9>) along with enclosures (Proofs of patent certificate) must be submitted online latest by 25th March 2026. Please use DTU mail id to fill the google form.

In addition, please submit the hard copy of the application form along with the Undertaking from non-DTU Inventors latest by 25th March 2026 upto 05.00 P.M.

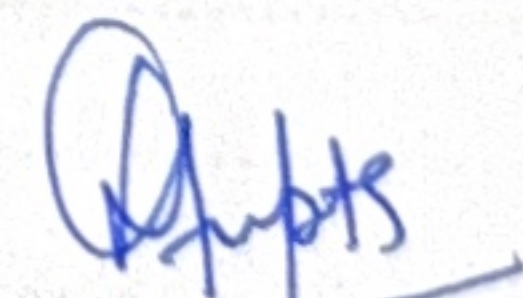

(Prof. Girish Kumar)
Dean (R&D)

F. No. DTU/IRD/544/2017/Awards/Innovation/13304

Date: 12/03/2026

Copy to

1. PS to the Hon'ble Vice Chancellor, DTU
2. Head, Computer Centre with a request to upload the same on the DTU's website
3. All HoDs.
4. office file.


(Dr. Lovleen Gupta)
Coordinator(Awards/Events/Outreach)

Date: _____

To,

The Dean (R&D)
Delhi Technological University
Shahbad Bawana Road,
Delhi-1100042

Subject: Application for Award for Innovation Research Awards for the Inventor of Delhi Technological University.

Dear Sir,

This is in reference to guidelines for the award for Innovation Research Awards for the Inventor of DTU, I hereby wish to apply for the award as per the notification no. F.DTU/Council/BoM-Notification/66/2024/481 dated: 03.07.2024.

I. Details of Patents.

- (A) Name of Applicant
- (B) Designation
- (C) Patent Titled Name
- (D) Name of Inventor(s)
- (E) Patent Certificate
- (F) Patent Granted Number
- (G) Date of Patent Granted

I hereby declare that the above claim is being made by me as per guidelines issued vide letter No. F.DTU/Council/Bom-Notification/66/2024/481 dated: 03.07.2024. In case of any violation, I will be held responsible and DTU will free to take appropriate action and the award money and certificate of merit will be liable to be recovered from me.

Signature of Faculty/Student.....
 Name of Faculty/Student:.....
 Department:.....
 Emp. Code:.....
 Mobile No.....
 Bank Account No.....
 IFSC CODE/ MICR CODE

In case the applicant is student and university faculty is co-inventor then,

Signature of Faculty.....
 Name of Faculty.....
 Signature of Faculty.....
 Name of Faculty.....

On the basis of above information, I hereby endorse that I have verified all the above details and forward the same.

Signature of HoD.....
 Name of HoD

Signature of HoD.....
 Name of HoD

Undertaking from Non-DTU Inventors

To Whom It May Concern

I, the undersigned, hereby state and affirm the following in connection with the patent filed/granted under the ownership of Delhi Technological University (DTU), Delhi, wherein DTU is a patentee

- **Patent Title:** _____
- **Patent Application Number:** _____
- **Patent Number (if granted):** _____

I affirm that I have willingly and voluntarily assigned all rights, interests, and entitlements in the above-mentioned patent application to Delhi Technological University (DTU), Delhi, as per the terms mutually agreed upon at the time of filing.

I further undertake that I will not claim any financial rights, shares, royalties, or benefits in any form in the future, in the event of commercialization, monetization, licensing, or any other form of revenue generation from the aforementioned patent/application.

I understand that this undertaking is irrevocable and binding and is given in good faith to facilitate the rightful ownership and administration of the patent by DTU.

My full details, as per the patent application, are as follows:

- **Full Name:** _____
- **Designation (if applicable):** _____
- **Affiliation:** _____
- **Complete Address (as per Patent Application):**
- **Email ID**
- **Contact Number:**

I confirm that the above information is true to the best of my knowledge and belief.

Date:

Place:

Signature:

Name

Name of IITD

Name of IITD