



MACHAKOS UNIVERSITY

STUDENT'S INNOVATION APPLICATION FORM 2017

1. Title of Innovation/Project:

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2. Principal Innovator/inventor

Name (Contact Person):		School:
Department:		Registration No:
Inventorship share (%):		Telephone:
Signature:		Email:

3. Co-Innovators/Inventor(s)

Co-Innovator/Inventor - 1

Name:		School:
Department:		Registration No.:
Inventorship share (%):		Telephone:
Signature:		Email:

Co-Innovator/Inventor - 2

Name:		School:
Department:		Registration No.:
Inventorship share (%):		Telephone:
Signature:		Email:

Co-Innovator/Inventor - 3

Name (Person to whom inquiries should be made):		School:
Department:		Registration No.:
Inventorship share (%):		Telephone:
Signature:		Email:

Note to Principal Innovator/Inventor: For more Co-innovators/inventors, please add separate sheet.

4. Summary Description of Innovation/Invention (Enclose sketches, drawings, photographs, screen prints and other materials to help illustrate the description).

(Please use additional sheet if necessary)

5. General Purpose of Invention

6. Commercial Application of Invention

7. A) Advantages and Unique Features of Invention

i. Please identify the novel and unique features of the invention.

ii. How does it differ from the existing technology?

iii. What problem does it solve or what advantages does it possess?

B) Alternate Technologies

Describe alternate technologies/products which you are aware of accomplishing the same purpose as this invention, along with the companies that market, manufacture or make use of them.

8. Do you have any Plans to patent? If yes, when?

9. Invention History

ITEM	DATE	Place, Reference, Comments
A – Initial idea		
B – Description of complete invention, oral or written		
C – First successful demonstration (reduction to Practice)		
D- First publication (article, theses, oral presentation, abstracts, poster)		
E – Disclosures to industry		
F- Other disclosures		
G- Is it related to other inventions?		
H- Are your lab books and other records in order and available?		

10. Proposed Budget

Please provide possible budget towards the costs of your proposed innovation/project

11. Endorsement and signatures

a) Principal Applicant

I, _____ (Principal Inventor), acknowledge that to the best of my Knowledge there are no other co-inventors to this invention.

Signature of Principal Investigator

b) Chairperson, Department of _____

Name of Chairman: _____ Signature _____ Date _____

c) Dean, School of _____

Name of Dean: _____ Signature _____ Date _____