

MACHAKOS UNIVERSITY

OFFICE OF THE VICE-CHANCELLOR

## (RESEARCH, INNOVATION AND LINKAGES)

### STUDENT’S INNOVATION DISCLOSURE FORM

**1. Title of Innovation/Project:**

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### 2. Principal Innovator/inventor

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| --- | --- | --- |
| 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)

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### 5. General Purpose of Innovation/invention

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### 6. Commercial Application of Innovation/invention

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### 8. A) Advantages and Unique Features of innovation/Invention

1. Please identify the novel and unique features of the innovation/invention.

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1. How does it differ from the existing technology?

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

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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.

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

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### 9. Innovation/Invention History

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| 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

1. 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

1. Mentor/Supervisor

Name of Mentor/supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_

1. Chairperson, Department of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Chairman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_

1. Dean, School of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_