

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

|  |  |  |
| --- | --- | --- |
| 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 \_\_\_\_\_\_