



MACHAKOS UNIVERSITY
OFFICE OF THE DEPUTY 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:
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4. Co-Innovators/Inventor(s) Co-Innovator/Inventor - 2

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

5. Co-Innovators/Inventor(s) Co-Innovator/Inventor - 3

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

6. Co-Innovators/Inventor(s) Co-Innovator/Inventor - 4

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

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

7. 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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8. General Purpose of Innovation/invention

a)
b)
c)
d)
e)

9. Commercial Application of Innovation/Invention

a)
b)
c)
d)

10. 1. Advantages and Unique Features of Innovation/Invention

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

a)
b)
c)
d)
e)

ii. How does it differ from the existing technology?

a)
b)
c)

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

a)
b)
c)
d)
e)

10.2. 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

a)
b)
c)
d)

11. Do you have any Plans to patent the Innovation/Invention? If yes, when?

14. 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) Mentor/Supervisor

Name of Mentor/Supervisor: _____ Signature _____

Date _____

c) Chairperson, Department of _____

Name of Chairman: _____ Signature _____

Date _____

d) Dean, School of _____

Name of Dean: _____ Signature _____

Date _____