**IKP KNOWLEDGE PARK**

**IKP Platform for Regional IP Management Ecosystem (IKP-PRIME)**

**Design Filing Requisition Form**

Attorney-client privilege - Confidential

Name of Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IKP PRIME file Id.\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \* To be filled by IKP-PRIME

GST No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Design Requisition No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following details

1. Name of applicant (organization/startup/company/institute)
2. Full address of the applicant
3. Nature of the applicant organization (startup/MSME/large company)
4. *Provide certificate copy(s) related to the nature of the applicant* (Company registration certificate/Udyog Aadhar/MSME registration certificate/DPIIT certificate etc).
5. Name of authorized signatory of the applicant
6. Age of the authorized signatory
7. Father’s name of the authorized signatory
8. Designation of the authorized signatory at the applicant entity
9. Full address of the authorized signatory
10. Email address of the authorized signatory
11. Name of the Article for which design registration is required

***Please note****: Under the Designs Act, 2000 the "article" means any article of manufacture and any substance, artificial, or partly artificial and partly natural; and includes any part of an article capable of being made and sold separately.*

*Read more at* [*https://ipindia.gov.in/faq-designs.htm*](https://ipindia.gov.in/faq-designs.htm)

1. Brief nature, composition and use of the Article
2. Area(s) of novelty/ innovativeness in shape/configuration/pattern of the Article
3. Photographs or drawings of the Article (Front, Rear, Left, Right, Top, Bottom and 1 or 2 best angle views) in JPEG format mentioning the name of view in the attachment of the JPEG File.

***Please note****: Stamp paper of Rs. 100/- is required in the name and address of Applicant (Contents for printing will be provided by us. Completed document to be signed by concerned person with official stamp and will be sent to us in original)*

I/We acknowledge and verify that the above information is true and correct to the best of my/our knowledge, and I/we request IKP-PRIME to proceed to do the needful based on the above information.

**Name(s) & Signature(s)**

Contact details

Office/billing address

E-mail address

Phone no.

Date