

FORM 6
THE PATENTS ACT, 1970
 (39 of 1970)
 &
 The Patents Rules, 2003
CLAIM OR REQUEST REGARDING ANY CHANGE IN APPLICANT
FOR PATENT

[See sections 20(1), 20(4) and 20(5); rules 34(1), 35(1) and 36(1)]

1. Repeat the columns (a) to (c) if there are more than one applicant.

I/We,¹ _____

(a)² _____

(b)³ _____

(c)⁴ _____

2. Insert the name in full. The family or principal name in the beginning if the applicant is a natural person.

3. Insert the complete address including postal index number/code and state and/or country.

hereby request that the application for patent

No.....dated

made by⁵. _____

4. Insert the nationality.

5. State the name of the applicant(s) for patent.

may proceed in my/our name and further request that direction of the Controller, if necessary be made in that effect

6. Original and certified copies of the documents shall accompany the claim or request. Consent by the legal representative of the deceased joint applicant shall be filed whenever required.

Reasons for making the above request are as follows:-

I furnish the following document(s) in support of my above request.⁶

(a)⁷ _____

(b)⁷ _____

(c)⁷ _____

7. Insert the details of the documents.

8. Complete address including postal index number/code and state along with Telephone and fax number(s).

My/our address for service in India is:⁸

9. To be signed by the applicant(s) or authorized registered patent agent.

10. Name of the natural person
who has signed.

Dated this day of, 200

Signature ⁹ ..
(-----) ¹⁰..

To
The Controller of Patents,
The Patent Office,
At

N.B.: This form is not applicable for mere change of name.

Note: (a) Strike out whichever is not applicable.

(b) For fee:-See First Schedule.

FORM 7
THE PATENTS ACT, 1970
(39 of 1970)
&
The Patents Rules, 2003
NOTICE OF OPPOSITION
[See sections 25(3) and rule 55A]

1. State names, address and
nationality.

I/We, ¹.....

hereby give notice of opposition to

2. State the grounds taken one
after another.

patent No.) granted on

application No.dated.....

published on dated.....made

by _____

on the grounds ².

3. Complete address including
postal index number/code and
state along with Telephone
and fax number.

4. To be signed by the opponent
or by his authorized registered
patent agent.

My/Our address for services in India is..³

.....
.....

5. Name of the natural person
who has signed.

Signature ⁴....
(-----) ⁵....

To
The Controller of Patents,
The Patent Office,
At

For fee : See First Schedule.