

Please submit the following details to ZTM & BPD Unit, IARI, New Delhi – 110012 on Inventor's **Letter Head of the respective Division**

Details of Transfer of Technology/ Know-How

(Details of attendance and schedule of demonstration and training at the research institute)

1. Name of the Division/Research Institute :
2. Name of the Licensee :
3. a) Name of the technology/know-how for which demonstration and training sought for :
- b) Date of agreement :
4. Date of reporting to the Research Institute :
5. Details of the representative of the Licensee

S.N.	Name	Designation/Capacity	Signature
1.			
2.			

6. Detail of schedule of Demonstration and Training:

S.N.	Date	Time in	Time out	Details of work done	Name and Signature of representative(s)	Name and Signature of Scientist(s)
1.						
2.						
3.						

7. Handover of the technology transfer document: At the time of training At the time of MoU

Name of Head of Representative of the Licensee

Name of the Principle Scientist/ HOD

Signature
(Seal)
Date
Place

Signature
(Seal)
Date
Place

Please submit the following details to ZTM & BPD Unit, IARI, New Delhi – 110012 on Inventor's **Letter Head** of the respective Division

Transfer Technology/Know-how Completion Certificate

1. Name of the Technology :
2. Name of the Laboratory :
3. Name and Address of the Licensee :
4. Terms and conditions of release of the Technology/Know-how :
5. Date of Agreement :
6. Details of know-how given to the Licensee (e.g. Process description, process flow-sheet, process data, raw material and utilities required, general information on the list of equipment and machinery, scale of demonstration, training, etc.)
 - i) Technology/ know-how details for..... and method of obtaining the same.
 - ii) Demonstration and training of the process at the institute.

This is to certify that in pursuance of the license agreement with Zonal Technology Management & Business Planning and Development Unit, IARI for the commercial exploitation of the technology/ know-how as detailed above, has been given to the representative(s) of M/s and the representative(s) of the company are fully satisfied with demonstration and working of the technology/ know-how along with the know-how package given to them as detailed above during the period from(Date of start) to(Date of finish)

Name of Head of Representative
Scientist/ HOD
of the Licensee

Name of the Principle

Signature (Seal)
Date
Place

Signature
Date
Place