

For Official Use

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Government of West Bengal  
Department of Science & Technology  
Bikash Bhawan, 4<sup>th</sup> Floor, Eastern Block, Salt Lake, Kolkata-700091

**Application Format for State Innovation Award (SIA)**

(Photocopy of this form may also be accepted; please use permanent ink while filling this form and complete all the points. Incomplete form may not be considered)

1. Name of the Innovator:
2. Age:
3. Address for communication with pin code, ph no, mobile no, e-mail id:
4. Educational and Professional Qualification:
5. Profession:
  - (a) Earlier:
  - (b) Present:
6. Title of Innovation:
7. Purpose and Details of the Innovation with adequate documents (attach separate sheet, Photograph, VCD etc. if necessary):
8. Benefit & Improvement due to your Innovation:
9. Do you think that the efficiency of the present knowledge-practice can be further improved in future, if yes, how and if not, why:
10. Help (Idea, Financial, Technical etc.) received before and during the Innovation:
11. Did you face any problem(s) in its development, experience failure(s) and what were the ways used to overcome these:

· Paste your recent  
passport photograph

(2)

- 12. Have you made any improvement in your practice over the years? If so, please describe these improvements:
- 13. Can DST-GoWB share your Innovation with others for its popularization/ commercialization?
- 14. Have you applied for patent, if yes, what is the reference no. (attach proof)?
- 15. Have you applied to National Innovation Foundation (NIF) or any other such type of award competition? If yes, give details including the accepted reference no. etc.
- 16. Any other information you want to share:

**UNDERTAKING**

I do hereby declare that the above-mentioned statements and declarations alongwith all the attached documents (papers/drawings/ photographs/ CD/DVD etc.) in this application are complete, true and correct to the best of my knowledge and belief. The submitted Innovation is done by me/us with/without any financial or technical help from anybody/ organisation. I also declare that neither anybody before me/us has done the same Innovation nor I have copied any one's work and I have not received any award for this innovation.. In the event of any information found false, misleading or incorrect at a later stage, even after receiving the State Innovation Award, if any, my application may be cancelled and the Award may be revoked by DST-GoWB and I shall be the sole responsible if any legal action is taken against me for this purpose.

.....  
Place & Date

.....  
Signature of the Innovator

Witness (Name & Signature with Address, pin code, ph no, mobile no, e-mail id):

- 1.
- 2.

Comments of Scout (with Address, pin code, ph no, mobile no, e-mail id):

.....  
Place & Date

.....  
Signature of the Scout