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| **FORM 18****THE PATENT ACT, 1970****(39 of 1970)****&****The Patent Rules, 2003****REQUEST/EXPRESS REQUEST FOR EXAMINATION****OF APPLICATION FOR PATENT****[See section 11B and rule 20(4) (ii), 24B(1)(i)]** | **(FOR OFFICE USE ONLY)**RQ. No:Filling Date:Amount of Fee Paid:CBR No:Signature: |
| 1. **APPLICANT(S)/OTHER INTERESTED PERSON**
2. NAME :
3. NATIONALITY:
4. ADDRESS:
 |
| 1. **Statement in case of request for examination made by the applicant(s)**

I/We hereby request that my/our application for patent no. \_\_\_\_\_\_\_\_\_\_\_ filed on \_\_\_\_\_\_\_\_\_\_for the invention titled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be examined under sections 12 and 13 of the Act.ORI/We hereby make an express request that my/our application for patent no. \_\_\_\_\_\_\_\_filed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_based on Patent Cooperation Treaty (PCT) application no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dated \_\_\_\_\_\_\_\_\_\_\_\_\_made in country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be examined under sections 12 and 13 of the Act, immediately without waiting for the expiry of 31 months as specified in rule 20(4)(ii). |
| 1. **Statement in case of request for examination made by any othe interested person**

I/We the interested person request for the examination of the application no. \_\_\_\_\_\_\_\_dated \_\_\_\_\_\_\_\_\_\_\_filed by the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ titled\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under sections 12 and 13 of the Act.As an evidence of my/our interest in the application for patent following documents are submmitted.1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **ADDRESS FOR SERVICE**
 |
| Dated this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_20SignatureName of the signatoryTo, The Controller of Patent The Patent Office, at …………… |
| **NOTE:****\* To be signed by the applicant(s) or by his authorzed registered patent agent****\* Strike out the column which is/are not applicable** |