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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.  OR  I/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 \_\_\_\_\_\_\_\_\_20  Signature  Name of the signatory  To, 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** | |