

Indian Institute of Technology Kanpur Office of Outreach Activities

No: IITK/CCE/MOU/ Date:

Note File

	Name	Department	Contact No.	Email Id.
PC				
Co-PC				
Name of	the Party with which MoU/Agreer	nent is proposed	:	
	MoU (please tick): Sponsored Res		• •	Technology
Transfer	/ Material Transfer/ Software Lice	nsing/ Any other	(Please Specify):	
Origin of	the proposal: Web site/ Site Visit,	By Invitation/ S	ubmission of Proposal/ Any oth	ner (Please Specify)
Level of	Collaboration: Individual/ Departn	nental/ Multi- dep	partment/ Institute	
	1. Background/Genesis:			
•	i. background, denesis.			
:	2. Profile of the Partner Organisat	ion:		
;	3. Profile of the contact from the p	oartner Organisa	cion:	
4	4. The expected benefits to IIT Ka	inpur:		
	- 01 1: .: / .:			
;	5. Obligations/commitments on th	e part of the par	tner organisation:	
	6. Obligations/commitments on th	e nart of IIT Kan	nur	
·	o. Obligations/commitments on th	e part of 111 Rain	pui.	
-	7. Expected Commercialisation/Te	chnology transfe	r:	

8. Ownership of Intellectual Property Rights (IPRs):

9. Dispute resolution arrangement:								
10. Legal Jurisdiction:								
 I/We certify that: I/ We have read the MoU/Agreement/Contract. I/ We have no conflict of Interest with the Partner Organization. I/ We will abide by the terms and conditions of MoU/Agreement/Contract and ensure that all due diligence (in terms of confidentiality as required) will be done by me/us. It is my/our responsibility to take a declaration of confidentiality from the project staff, scholars and students working on this project, if any. I hereby undertake that less than 10% of my academic time will be utilized for the 								
aforesaid program & also my regular academic activities will not be hampered due to this program. The draft MoU/Contract/Agreement enclosed may kindly be approved. (Signature of PC and Co-PC)								
	(Signature of PC and Co-PC) Recommended/Not recommended							
(Signature of Head of Department) (For the Office Use)								
The proposed authorised signatories of the MoU/Contract/Agreement:								
Programme Coordinator	HoD	Professor-in- Charge, OOA	Deputy Director	Director				
Remarks (if any):								

Remarks (if any):		
Checked by	Recommended by	Approved/Not approved
Jr. Assit. / Supdt. / Project Executive	Professor-in-Charge, OOA	Director