**TECHNOLOGY LICENSING OF ICAR - CIFE**

**EXPRESSION OF INTEREST (EOI)**

Please complete this form and submit to the itmucife@cife.edu.in

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| --- | --- | --- | --- |
|  | **Name of the technology interested in**(Please fill separate form for each technology) | **:** |  |
|  | **Full Name** | **:** |  |
|  | **Contact details** | **:** | **Contact No.:****E-mail ID:** |
|  | **Address** | **:** |  |
|  | **Company details** | **:** | **Name:****Address:****Website:** |
|  | **Any other specific details about the company** | **:** |  |

\* For any query, please contact itmucife@cife.edu.in

\* \*This is laid out as per IP&TM, ICAR guideline.

Signature:

Date: