**TECHNOLOGY LICENSING OF ICAR - CIFE**

**EXPRESSION OF INTEREST (EOI)**

Please complete this form and submit to the [itmucife@cife.edu.in](mailto:itmucife@cife.edu.in)

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|  | **Company details** | **:** | **Name:**  **Address:**  **Website:** |
|  | **Any other specific details about the company** | **:** |  |

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

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