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| **Form 18**  THE PATENTS ACT, 1970  (39 of 1970)  &  THE PATENTS RULES 2003  **REQUEST/ EXPRESS REQUEST FOR EXAMINATION OF APPLICATION FOR PATENT**  [See section 11B and rules 20(4) (ii), 24B(1)(i)] | **(FOR OFFICE USE ONLY)**  RQ. No.:  Filing Date:  Amount of Fee Paid:  CR No.:  Signature: |
| 1. **APPLICANT (S)/ OTHER INTERESTED PERSON(S)** 2. Name: 3. Nationality: 4. Address: 5. 1[Date of Publication of the application under section 11A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | |
| 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 section 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 section 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 OTHER INTERESTED PERSON**   I/We the interested person request for 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 submitted.  (a)…………………………………………………………………………………………………………………………………………….  (b)…………………………………………………………………………………………………………………………………………… | |
| 1. **ADDRESS FOR SERVICE** | |
| Dated this…………………………… day of ……………………… 20……....  Signature:  Name of the signatory ………………………………………………………….  To,  The Controller of Patents  The Patent Office  at ……………………………………………….. | |
| **Note:**  \*To be signed by the applicant(s) or by his authorized registered patent agents.  \*Strike out the column which is/ are not applicable.  \*For fee: See first Schedule | |