

**FORM 1**  
**THE PATENTS ACT, 1970**  
**(39 of 1970)**  
**&**  
**THE PATENTS RULES, 2003**  
**APPLICATION FOR GRANT OF PATENT**  
**[See sections 7,54 & 135 and rule 20(1)]**

**(FOR OFFICE USE ONLY)**

**Application No.:** .....

**Filing Date:** .....

**Amount of Fee Paid:** .....

**CBR No.:** .....

**Signature:** .....

**1. APPLICANT(S):**

Sr.No.	Name	Nationality	Address	Country	State
1	Dr. Surendra Kumar Tiwari	India	Professor, Department of Education, Swa.Gulab Bai Yadav Smriti Shiksha Mahavidyalaya, Borawan Khargone, Madhya Pradesh, India	India	Madhya Pradesh
2	Prerana Vyas	India	Research Scholar, School Of Education, Davv, Indore, M.P, India	India	Madhya Pradesh
3	Dr. Vaishali Tiwari	India	Assistant Professor (Govt. Guest Faculty of Commerce), Shri Neelkantheshwar Govt. Post	India	Madhya Pradesh

			Graduate College, Khandwa Madhya Pradesh, India		
--	--	--	---	--	--

**2. INVENTOR(S):**

Sr.No.	Name	Nationality	Address	Country	State
1	Dr. Surendra Kumar Tiwari	India	Professor, Department of Education, Swa.Gulab Bai Yadav Smriti Shiksha Mahavidyalaya, Borawan Khargone, Madhya Pradesh, India	India	Madhya Pradesh
2	Prerana Vyas	India	Research Scholar, School Of Education, Davv, Indore, M.P, India	India	Madhya Pradesh
3	Dr. Vaishali Tiwari	India	Assistant Professor (Govt. Guest Faculty of Commerce), Shri Neelkantheshwar Govt. Post Graduate College, Khandwa	India	Madhya Pradesh

		Madhya Pradesh, India	
--	--	--------------------------	--

### 3. TITLE OF THE INVENTION: TEACHING THROUGH SMART CLASS FOR DEVELOPING CONSTRUCTIVIST TRENDS FOR QUALITY EDUCATION

#### 4. ADDRESS FOR CORRESPONDENCE OF APPLICANT / AUTHORISED PATENT AGENT IN INDIA:

Dr. Surendra Kumar Tiwari, Professor, Department of Education,  
Swa.Gulab Bai Yadav Smriti Shiksha Mahavidyalaya, Borawan  
Khargone, Madhya Pradesh

Telephone No.:

Fax No.:

Mobile No: 8500580495

E-mail: thilaksayila@gmail.com

#### 5. PRIORITY PARTICULARS OF THE APPLICATION(S) FILED IN CONVENTION COUNTRY:

Sr.No.	Country	Application Number	Filing Date	Name of the Applicant	Tilte of the Invention
--------	---------	--------------------	-------------	-----------------------	------------------------

#### 6. PARTICULARS FOR FILING PATENT COOPERATION TREATY (PCT) NATIONAL PHASE APPLICATION:

International Application Number	International Filing Date as Allotted by the Receiving Office
PCT//	

#### 7. PARTICULARS FOR FILING DIVISIONAL APPLICATION

Original (first) Application Number	Date of Filing of Original (first) Application
-------------------------------------	--

#### 8. PARTICULARS FOR FILING PATENT OF ADDITION:

Main Application / Patent Number:

Date of Filing of Main Application

**9. DECLARATIONS:****(i) Declaration by the inventor(s)**

I/We ,Dr. Surendra Kumar Tiwari,Prerana Vyas,Dr. Vaishali Tiwari, is/are the true & first inventor(s) for this invention and declare that the applicant(s) herein is/are my/our assignee or legal representative.

(a) Date: -----

(b) Signature(s) of the inventor(s): .....

(c) Name(s): Dr. Surendra Kumar Tiwari,Prerana Vyas,Dr. Vaishali Tiwari

**(ii) Declaration by the applicant(s) in the convention country**

I/We, the applicant(s) in the convention country declare that the applicant(s) herein is/are my/our assignee or legal representative.

(a) Date: -----

(b) Signature(s) : .....

(c) Name(s) of the singnatory: Dr. Surendra Kumar Tiwari,Prerana Vyas,Dr. Vaishali Tiwari

**(iii) Declaration by the applicant(s)**

- The Complete specification relationg to the invention is filed with this application.
- I am/We are, in the possession of the above mentioned invention.
- There is no lawful ground of objection to the grant of the Patent to me/us.
- I am/We are, the assignee or legal representative to true first inventors.

**10. FOLLOWING ARE THE ATTACHMENTS WITH THE APPLICATION:**

Sr.	Document Description	FileName
-----	----------------------	----------

I/We hereby declare that to the best of my/our knowledge, information and belief the fact and matters stated herin are correct and I/We request that a patent may be granted to me/us for the said invention.

Dated this(Final Payment Date): -----

Signature: .....

Name: Venugopal Chandika

To The Controller of Patents

The Patent office at MUMBAI

This form is electronically generated.