**Indian Institute of Technology Kanpur**

**Centre for Continuing Education**

No: IITK/CCE/MOU/ /

Date:

**Note File**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Department | Contact No. | Email Id. |
| PC |  |  |  |  |
| Co-PC |  |  |  |  |
| Name of the Party with which MoU/Agreement is proposed: | | | | |
| Type of MoU (please tick): Sponsored Research/ Consultancy/ Non-Disclosure/ Academic/ Technology Transfer/ Material Transfer/ Software Licensing/ Any other (Please Specify): | | | | |
| Origin of the proposal: Web site/ Site Visit/ By Invitation/ Submission of Proposal/ Any other (Please Specify): | | | | |
| Level of Collaboration: Individual/ Departmental/ Multi- department/ Institute | | | | |

1. Background/Genesis:
2. Profile of the Partner Organisation:
3. Profile of the contact from the partner Organisation:
4. The expected benefits to IIT Kanpur:
5. Obligations/commitments on the part of the partner organisation:
6. Obligations/commitments on the part of IIT Kanpur:
7. Expected Commercialisation/Technology transfer:
8. Ownership of Intellectual Property Rights (IPRs):
9. Dispute resolution arrangement:
10. Legal Jurisdiction:

I/We certify that:

1. I/ We have read the MoU/Agreement/Contract.
2. I/ We have no conflict of Interest with the Partner Organization.
3. 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.
4. It is my/our responsibility to take a declaration of confidentiality from the project staff, scholars and students working on this project, if any.

The draft enclosed may kindly be approved.

(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 | Head,CCE | Deputy Director | Director |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Remarks (if any): | | |
| Checked by | Recommended by | Approved/Not approved |
| Superintendent /  Project Executive | Head, CCE | Director |