

* For fee : See First Schedule

FORM 19
THE PATENTS ACT, 1970
 (39 of 1970)
 &
 The Patents Rules, 2003
APPLICATION FOR REVOCATION OF A PATENT
FOR NON WORKING
 [See section 85(1); rule 96.]

1. Name, address and nationality of the applicant(s). I/We.¹
- hereby apply for revocation of Patent No.....dated..... granted tofor which the patentee/applicant for patent is.....for the following reason, namely:
²
2. State the nature of the applicant's interest, the facts on which he relies and the grounds on which the application is made.
3. Certified copies of all the documents are to be enclosed in duplicate. The details of documentary evidence in support of my/our interest and the reasons stated above are given below :³
- (a)
- (b)
- (c)
4. Complete address including postal index number/ code and state along with telephone and fax number(s). I/We declare that the facts and matters stated herein are true to the best of my/our knowledge, information and belief.
- My/Our address for service in India is.⁴
5. To be signed by the applicant(s) or his authorized registered patent agent.
- Dated this day of 20
- Signature .⁵.....
 (-----) ⁶
6. Name of the natural person who has signed.

To
 The Controller of Patents,
 The Patent Office,
 At

 Note : (a) For fee : See First Schedule.