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. ..................................................
   ................................................................
   hereby apply for revocation of Patent
   No. ............... dated ............... granted to
   .......................... for which the
   patentee/applicant for patent
   is ..................................................
   ................................................................
   for the following reason, namely:
   2. ..................................................
   ................................................................
   The details of documentary evidence in support of
   my/our interest and the reasons stated above are
   given below: 3
   (a) ..................................................
   (b) ..................................................
   (c) ..................................................

3. Certified copies of all the
documents are to be enclosed
in duplicate.

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.
(b) Strike out whichever is not applicable