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).
   (We.\(^1\) .................................................................
   ........................................................................
   hereby apply for revocation of Patent No.\(........\)\(........\) 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) ................................................................

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.

4. Complete address including
postal index number/ code
and state along with
telephone and fax
number(s).

5. To be signed by the
applicant(s) or his authorized
registered patent agent.

Dated this ............... day of ......................... 20

Signature 5 ........

6. Name of the natural person
who has signed.

_______________________________ 6

To
The Controller of Patents,
The Patent Office,
At .................................................................

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