

PATENT AGENT EXAM TRAINING – Year 2011 REGISTRATION FORM

Dated _____

PERSONAL INFORMATION

1. Name of the candidate _____

2. Age _____ Date of Birth _____ DDMMYYYY _____ Gender: Male Female

3. Employed Student Self Employed

4. Educational Qualifications:

SL No	Educational Qualification	Year	Name of Institution	Marks Obtained
1	Graduation			
2	Post Graduation			
3	Others (if any)			

5. How did you come to know about Cerebra LPO

6. Address for Correspondence _____

City/State/Pin Code _____

Phone _____ EMailAddress _____

7. (For Employed candidates only)

Company Name _____

Designation _____

Company Address _____

City/State/Pin Code_____

Business Phone (____) _____ Website address_____

<i>TRAINING INFORMATION</i>

8. Mode of training (select at least one):

- a. **PAE-CompleteTM** (*Classroom Training*)
- b. **PAE-SolutionsTM** (*Solved Question Papers - Paper Bound*)
- c. **PAE-DistanceTM** (*Distance Education*)
- d. **PAE-OnlineTM** (*Online Tutorials*)
 - i. **Module 1:** Patent Act and Rules
 - ii. **Module 2:** PCT, Patent Drafting, License Agreements, Tips for viva
 - iii. **Module 3:** Question bank

<i>PAYMENT DETAILS</i>

9. Mode of Payment (no credit card):

- Payment by Cash
- Payment by Demand Draft /Cheque (Drawn in favor of "CerebraLPO India Ltd" payable at Bangalore)

Signature of the Candidate