

Patent Filing (PA)

List of Documents to be enclosed with MAI Application

1.1	Patent Filing Reimbursement APPLICATION FORM duly completed & authenticated by CEO/CHAIRMAN/MD(Click here)
1.2	Declaration - On the letter head of the Company, duly completed & authenticated by CEO/CHAIRMAN/MD/PARTNER/PROPRIETOR (Click Here – Refer page 3)
2	Affidavit - Completed & authenticated by CEO/CHAIRMAN/MD/ PARTNER/PROPRIETOR(Click Here – Refer page 4)
	Note: a. Declaration and Affidavit should be signed by the same person b. If Declaration and Affidavit both were signed by other than CEO/CHAIRMAN/MD/PARTNER/PROPRIETOR, Power of Attorney (or) Board Resolution in the name of signed person.
3	CA Certificate mentioning the PRODUCT EXPENSES(Click Here – Refer page 6)
3.a.	FOB Value of Exports for the preceding Financial Year (Click Here – Refer page 7)
4	Grant of PATENT CERTIFICATE (duly verified by Pharmexcil Office) a. Original Certificates need to be Verified/Attested by PHARMEXCIL Office (Hyderabad/Mumbai/Delhi).
5.	English Translation of Patent Certificate (Required - if the document is Not in English Language)
6	If the Patent is JOINTLY HELD, then Relevant Proof of document showing that the applicant has a Minimum of 75% Stake
7	INVOICE issued by Patent Issuing Authority
7.1	Copy of the all the Correlating invoices.
8	DEBIT NOTE raised by Agent (if registered through agent/ Attorney)
9	Payment of Fee RECEIPT paid to the Patent Issuing Authority
10	Bank Transfer Remittance (SWIFT copy) showing the Customer Name, Beneficiary Name & Purpose of Payment details a. Attestation/Round Seal by the Banker is MANDATORY on the Bank Transfer Remittance (Swift Copy) with Employee code.
10.1	Foreign Outward Remittance to know the exchange rate as on payment date.
11	Registration Guidelines, showing FEE structure
12	Power of Attorney (if applicable)
13	Self-Declaration appointing Indian and Foreign attorney for filling the patent.
14	Compilation statement reflecting all claiming invoices, correlating invoices & bank transaction details, which is duly attested by the Banker
15	Other Payment Details: Attorney Fee, Document Preparation etc. along with necessary Proof.(A maximum of 2 lacs will be considered towards other charges)

1. Grant of Patent Certificate **“Original + Copy”**

a. Original Certificates need to be Verified /Attested by PHARMEXCIL Office (Hyderabad/Mumbai/Delhi).As in some cases where the Original Patent certificates were not issued by the Particular patent office then, we will verify those certificates through on-line providing us the Online Links (Official website of patent issuing authority), and Login credentials, if required (Login id and Password of the company for Verification).

b. After Verification, the Originals will be returned back immediately

Note:

- Financial year of the claim, is considered basing on the DATE OF ISSUE OF GRANT OF PATENT CERTIFICATE (Financial year period: 1st April to 31st March)
- Patent Registered in different Countries need to be submitted in different Applications.
- Products pertaining to different Financial Years to be submitted in different Applications.
- For all the MAI claims filed by Exporters to Pharmexcil from 26th June 2023, the following two provisions would apply:
 - 90 days' timeline for submission of MAI claims by Exporter to Pharmexcil
 - Limitation of reimbursement to the exporters having f.o.b value of exports up to Rs. 100 crore during the preceding financial year.
- In case of unaudited F.O.B Values of Exports (April- September) - applicants have to submit the Chartered Accountant Certificate w.r.t FOB value of Exports during the preceding FY along with GST returns filed during the preceding year.
- Application will be accepted only if the company submit all the mandatory documents and confirm the application on-line.
- Processing fee of 5% will be charged on sanction of the amount.

APPLICATION FORM FOR CLAIMING REIMBURSEMENT OF PATENT FILING CHARGES

Date:

1.	Name of the firm with full address	IEC No.
2.	FOB Value of exports for the preceding financial year	Rs.
3.	Particulars of Patent Filing a) Name of the Patent issuing Authority (Indicate web link of the grant of Patent) b) Patent number c) Date of grant of Patent) Category of Patent: API/Bulk/Formulation/Biotech	
4.	Details of Patent Holders: Individual / Joint (If Patent is jointly held the applicant should have 75% stake in the Patent)	
5.	Fee particulars a) Amount paid to Patent issuing Authority. b) Amount incurred towards Patent Authority fee/documents preparation etc.(Attorney) Total amount Paid:	
6.	Brief use of Patent	

DECLARATION

I solemnly declare that the particulars given in the above statement are correct. I bound myself and the company accountable and responsible for any incorrect information given in the above statement and shall immediately refund amount received on the basis of wrong information provided in the above statement.

Signature: _____

Name: _____

Designation: _____

Office Seal: _____

Countersigned by CEO/CHAIRMAN/MD/PARTNER/PROPRIETOR of the Company:

Signature: _____

Name: _____

Designation: _____

Office seal: _____

Place: _____

Date: _____

Affidavit to be submitted on Rs.50/- Non-Judicial Stamp Paper

AFFIDAVIT

I, S/o aged about Years
Resident of do here by affirm on oath as under.

That I am CEO/CHAIRMAN/Managing Director/Partner/Proprietor of M/s..... on
whose behalf an application is made to Department of Commerce , Ministry of Commerce and Industry,
Government of India, New Delhi Under MAI Scheme for claiming the reimbursement of amount paid
towards Patent Fee paid abroad for Pharmaceuticals/Biotechnological Products.

The Patent is owned by M/s..... individually and M/s.....
owns% the patent and patent is owned and assigned at Indian soil(Patent filed by Indian company),
and I am the competent person/authorized person to certify this information.

I solemnly declare that the particulars given in the above statement are correct. I bound myself and the
company accountable and responsible for any incorrect information given in the application .If any of the
information and documents found false by any agency, we are responsible for any action initiated by the
Government under any law and we will also refund that amount as per Govt. rules, immediately.

Signature of the CEO/CHAIRMAN/MD/PARTNER/PROPRIETOR of
the company:

Signature: _____

Name: _____

Designation: _____

Office seal: _____

Place: _____

Date: _____

Contd...

DECLARATION

We M/s.....solemnly declare that, we have appointed/s..... as Indian Attorney and responsible to deal with.....Attorney M/s..... Patent office.

We bound our self and the company accountable and responsible for any incorrect information given in the above statement and shall immediately refund amount received on the basis of wrong information provided in the above statement.

Signature of the CEO/CHAIRMAN/MD/PARTNER / PROPRIETOR of the company:

Signature: _____

Name: _____

Designation: _____

Office seal: _____

CERTIFICATE

This is to certify that we have verified the records of **M/s..... Company Name & Address.....** and found that they incurred **INR** as per following details.

S. No.	Particulars of Expenses (Product name-Invoice number with dates) Government fee	Amount in		
		USD/EUROS	Exchange Rate	RUPEES
1				
2				

S. No.	Particulars of Expenses (Product name-Invoice number with dates) Attorney fee	Amount in		
		USD/EUROS	Exchange Rate	RUPEES
1				
2				

Signature & Stamp/Seal of the Signatory:

Signature : _____

Name : _____

Membership No.: _____

Full Address : _____

Name and address of the Institution where registered

On CA Letter Head

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the company **M/s.....(Company Name)** having its Registered office **(Address).....**, has the **Export Turnover (FOB values of export)** for the proceeding financial year as mentioned below:

S.NO	Financial Year	Amounts in Crores (Only)
1		

Signature & Stamp/Seal of the Signatory:

Signature: _____

Name : _____

Details of Bank transaction reference no:

S.No	Date of Bank transaction	Total amount reflecting in Bank remittance statement	Against invoice No (correlating & claiming invoice no's)	Invoice date	Invoice related to		Attorney name
					Patent application no/Grant no	Amount paid to attorney according to bank Remittance Statement (USD/EURO/Foreign currency)	
1							
2							
3							
4							
5							