



REPUBLIC OF ANGOLA
MINISTRY OF SCIENCE AND TECNOLOGY
National Technology Centre - CTN



Process Nº ____/2017

Registration Form of Inventors/Angolan Creators



PERSONAL DATA

FULL NAME:			
DATE OF BIRTH:	___/_____/__	GENDER:	M <input type="checkbox"/> F <input type="checkbox"/>
NUMBER OF IDENTIFICATION:		MARITAL STATUS:	
LEVEL OF EDUCATION:	() BASIC () SECONDARY () HIGH SCHOOL () TERTIARY LEVEL GRADUATE () MASTERS () PHD () POST-DOCTORAL	PHOTO	
PROFESSION/OCUPATION:			
NATIONALITY:			
PROVINCE:			
MUNICIPALITY:			
ADDRESS:		TELEPHONE:	
EMAIL:	FAX:	WEB PAGE:	

ADDITIONAL INFORMATION

PATENTS AND PRODUCTS				
Nº OF REQUESTED PATENTS	IN THE ANGOLAN INSTITUTE OF THE INDUSTRIAL PROPERTY (IAPI):	YEAR	AGENCIES IN FOREIGN COUNTRIES:	YEAR
Nº OF PATENTS ATTRIBUTED	BY IAPI:	YEAR	AGENCIES IN FOREIGN COUNTRIES:	YEAR
FINAL PRODUCTS OBTAINED TROUGH YOUR PROJECT	IN ANGOLA:	YEAR	IN FOREIGN COUNTRIES:	YEAR
FINAL PRODUCTS OBTAINED TROUGH YOUR PROJECT AND INTRODUCED IN THE MARKET	NATIONAL:	YEAR	IN FOREIGN COUNTRIES:	YEAR
HAVE YOU EVER EXHIBITED IN ANY FAIR?	YES <input type="checkbox"/> NO <input type="checkbox"/>	COUNTRY:		YEAR
ARE YOU A MEMBER OF ANY PROFESSIONAL ASSOCIATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME		
		DATE OF JOINING:	___/_____/__	



Description:

Taking into consideration the problems identified and the solutions proposed

(Maximum 250 words)

MINCT - Ministry of Science and Technology

Luanda, 20__

The Inventor/Creator

