



PRIOR INFORMED CONSENT FORM

Technological Innovations and Ideas



National Innovation Foundation

Honey Bee Network

Dear Innovator(s),

The National Innovation Foundation (NIF) was established by the Department of Science and Technology, Government of India, in March 2000, as an autonomous society to recognize and promote grassroots innovations and traditional knowledge of individuals/communities. This initiative shall help in reducing the erosion of knowledge, increase the social esteem of the grassroots innovators and knowledge providers and help India become an innovative society. NIF strives to obtain the written consent and authorization from all the innovators/knowledge providers to disclose and/or add value to the innovation/traditional knowledge submitted for inclusion in the National Register of Green Grassroots Technological Innovations and Traditional Knowledge. An explanatory note, describing the implications of various options given in the form, is enclosed along with this form to assist you to fill up the form. NIF assures full compliance with the conditions specified by you and any modification in these conditions will be taken up only after obtaining your written consent.

Reference No.: _____

(Signature)
Stamp of NIF

Title of Innovation/Idea : _____

We will appreciate if you could tick 'YES' or 'NO' in the appropriate boxes (for items A to F).

- | | Yes | No |
|---|--------------------------|--------------------------|
| A. Can NIF share your address with those interested in your innovation/idea? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Can NIF display/publish your innovation/idea on the Internet/in <i>Honey Bee</i> magazine or any other media? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. To what extent do you wish NIF to disclose the information furnished by you ? | | |
| (a) Partial disclosure/summary OR | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Full disclosure | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, under which of the following conditions:

- | | | |
|---|--------------------------|--------------------------|
| (i) Only on commercial terms (if the interested party is willing to pay for it) | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Free of Cost | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Any other option? Please specify: _____ | | |

- | | | |
|---|--------------------------|--------------------------|
| D. Would you like NIF to add value to your innovation/idea (Analysis by experts, prototype development, testing etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Would you like NIF to mediate on your behalf for commercialisation (if applicable) (Developing business plan, market research, technology transfer etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Would you like NIF to protect Intellectual Property Rights (wherever applicable) | <input type="checkbox"/> | <input type="checkbox"/> |

G

In case, your innovation/idea is not eligible for any monetary benefit/awards, would you prefer any non-monetary benefits, if YES then please tick the suitable option/s:

- Honour in a public function at local, state or national level,
- Recognition in media,
- Recognition in text books in case of really unique distinction,
- Travel support for contacting other innovators/traditional knowledge holders,
- Linkage with R and D institutions for valorization of knowledge,
- Opportunity to share one's knowledge with others in *shodh yatra* (journey through the villages on foot) and *shodh sankals* (workshop of local experimenters),
- Support to the community to share the knowledge with other communities,
- Guidance from formal or informal sources to conserve the natural resources used in traditional knowledge
- Supply of scientific information in local language about the herbal or other traditional knowledge submitted by you,

Any other, pl specify _____.

Declaration : I/We have read this Prior Informed Consent Form and have understood the implications of various choices described in the explanatory note. I/We have voluntarily decided to select the option/options which I/we have ticked above for questions from A to G. I/We further assure NIF that all the information given above is true to the best of my/our knowledge and belief.

Name and Address of the Innovator(s)

Signature

Name and Address of the witness/Collaborator/Scout/NIF Representative:

Signature of witness

Date:

National Innovation Foundation

Bungalow No. 1, Satellite Complex, Jodhpur Tekra, Premchandnagar Road, Ahmedabad - 380 015, Gujarat, India
email: campaign@nifindia.org, www.nifindia.org, Fax: +91-79-2673 1903