

Applicant Information

Applicant Name	<input type="text"/>	Organization	<input type="text"/>	Address	<input type="text"/>
<input type="text"/>	Email	<input type="text"/>	Phone	<input type="text"/>	<input type="text"/>

Invention Details

Title of Invention	<input type="text"/>	Field of Invention	<input type="text"/>	Abstract	<input type="text"/>
<input type="text"/>	Detailed Description	<input type="text"/>	Claims	<input type="text"/>	<input type="text"/>
<input type="text"/>	Drawings (if any)	<div><div>Choose File</div><div>No file selected</div></div>			

Inventor(s) Information

Inventor Name(s)	<input type="text"/>	Inventor Address(es)	<input type="text"/>
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Declaration & Signature

Declaration	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
<input type="text"/>					