

FORM XIV
APPLICATION FOR REGISTRATION OF COPYRIGHT
[SEE RULE 70]

Diary Number: 7414/2022-CO/L

To

The Registrar of Copyrights,
Copyright Office,
Department of Industrial Policy & Promotion,
Ministry of Commerce and Industry,
Boudhik Sampada Bhawan,
Plot No. 32, Sector 14, Dwarka,
New Delhi-110075
Email Address: copyright@nic.in
Telephone No.: (Office) 011-28032496, 08929474194
Sir,

In Accordance with Section 45 of the Copyright Act, 1957 (14 of 1957), I hereby apply for registration of Copyright and request that entries may be made in the Register of Copyrights as in the enclosed Statement of Particulars.

1. I also send herewith duly completed the Statement of further Particulars relating to the work. (for Literary/Dramatic, Musical, Atristic works only) **Literary/ Dramatic works**

2. In accordance with rule 16 of the Copyright Rules, 1958, I have sent by prepaid registered post copies of this letter and of the Statement of Particulars and Statement of Further Particulars to other parties concerned as shown below:

[See columns 7,11,12, and 13 of the Statement of Particulars and party referred in col.2 (e) of the Statement of Further Particulars.]

3. The prescribed fee has been paid, as per details below: **500/-**

Payment ID	Payment Date	Amount	Bank Name	Payment Mode
277205	07/04/2022	500		

4. Communications on this subject may be addressed to:

ASHISH SHARMA
IP NATION; D-177, SHYAM
PARK EXT., SAHIBABAD-
201005, GHAZIABAD, (U.P.),
INDIA-201005
09899801721

5. I hereby declare that to the best of my knowledge and belief, no person, other than to whom a notice has been sent as per paragraph 2 above any claim or interest or dispute to my copyright of this work or its use by me.

6. I hereby verify that the particulars given in this Form and the Statement of Particulars and Statement of Further Particulars are true to the best of my knowledge, belief and information and nothing has been concealed there from.

List of Enclosures:

1. 2 Copies of Work
2. DD/IPO of Rs.500 Per Work
3. Authorization from author/publisher
4. If the application is being filed through attorney , a specific Power of Attorney in original duly signed by the applicant and accepted by the attorney

Place:

Date: **07/04/2022**

For : R D MEMORIAL COLLEGE OF NURSING



Proprietor

STATEMENT OF PARTICULARS

Diary Number: 7414/2022-CO/L

1.	Registration Number	
2.	Name, Address and Nationality of the Applicant	NAME: R D MEMORIAL COLLEGE OF NURSING, ADDRESS: R D MEMORIAL COLLEGE OF NURSING, BHOPAL, MADHYA PRADESH-462044, Indian
3.	Nature of the Applicant's interest in the Copyright of the work	Owner
4.	Class and description of the work	Literary/ Dramatic Work
5.	Title of the work	FEEDDBACK PERFORMA OF SENIOR CITIZENS FOR NURSING STAFF IN THE COVID DURATION
6.	Language of the work	English
7.	Name, Address and Nationality of the Author and if the Author is deceased, the date of decease.	NAME: DR DOLLY JOHN SHIJU, ADDRESS: PROFESSOR & PRINCIPAL; R D MEMORIAL COLLEGE OF NURSING, BHOPAL, MADHYA PRADESH-462044, Indian, NAME: PROF. C . GOMATHI, ADDRESS: PROFESSOR; R D MEMORIAL COLLEGE OF NURSING, BHOPAL, MADHYA PRADESH-462044, Indian, NAME: PROF. MALIKA ROY, ADDRESS: PROFESSOR; R D MEMORIAL COLLEGE OF NURSING, BHOPAL, MADHYA PRADESH-462044, Indian, NAME: MS NEELAM AWASTHI, ADDRESS: ASSISTANT PROFESSOR; R D MEMORIAL COLLEGE OF NURSING, BHOPAL, MADHYA PRADESH-462044, Indian,
8.	Whether the work is Published or Unpublished	Unpublished
9.	Year and Country of first publication, and Name, Address and Nationality of the publisher	N/A
10.	Year and Countries of subsequent publications, if any, and Name, Address and Nationality of the publisher	N/A
11.	Name, Address and Nationality of the Owners of the various rights comprising the copyright in the work and extent of rights held by each, together with particulars of assignments and licence. If any	NAME: R D MEMORIAL COLLEGE OF NURSING, ADDRESS: R D MEMORIAL COLLEGE OF NURSING, BHOPAL, MADHYA PRADESH-462044, Indian
12.	Name and address and nationality of other persons, if any authorized to assign or licence the rights comprising the copyright	N/A
13.	If the work is an 'Artistic work', the location of the original work, including name, address and nationality of the person in possession of the work, (In the case of an architectural work, the year of completion of the work should also be shown)	N/A

14.	If the work is an 'Artistic work' which is used or capable of being used in relation to any goods or services, the application should include a certification from the Registrar of Trade Marks in terms of the provision to Sub-Section (i) of Section 45 of the Copyright Act, 1957	N/A
15.	If the work is an 'Artistic work' whether it is registered under the Designs Act 2000 if yes give details.	N/A
16.	If the work is an 'Artistic work' capable of being registrar as a design under the Designs Act 2000, whether is has been applied to an article though an industrial process and,if yes ,then number of times it is reproduced	N/A
17.	Remarks, if any	

Place:

Date: **07/04/2022****For : R D MEMORIAL COLLEGE OF NURSING**

Proprietor**STATEMENT OF FURTHER PARTICULARS**

(For Literary/Dramatic, Musical and Artistic works only)

Diary Number: 7414/2022-CO/L

1. Is the work to be registered

(a) an original work? : Yes

(b) a translation of a work in the public domain? : N.A.

(c) a translation of a work in which Copyright subsists? : N.A.

(d) an adaptation of a work in the public domain? : N.A.

(e) an adaptation of a work in which Copyright subsists? : N.A.

2. If the work is a translation or adaptation of a work in which copyright subsists

(a) Title of the original work : N.A.

(b) Language of the original work : N.A.

(c) Name, address, and nationality of the author of the original work and if the author is deceased, the date of decease : N.A.

(d) Name, address, and nationality of the publisher, if any, of the original work : N.A.

(e) Name, address, and nationality of the publisher, or adaptation including the name, address and nationality of party authorizing : N.A.

3. Remarks, if any

Place:

Date: **07/04/2022**

For : R D MEMORIAL COLLEGE OF NURSING



Proprietor