

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT7807143

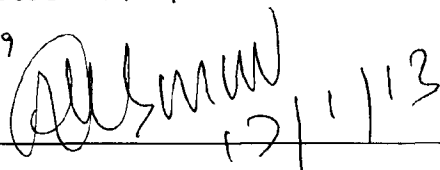
<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
VIMAL KUMAR SHRAWAT	01/10/2013
RAFIUDDIN DR	01/10/2013
AKSHAYKANT CHATURVEDI	01/10/2013
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	SHILPA MEDICARE LIMITED
<b>Street Address:</b>	2ND FLOOR, 10/80, RAJENDRA GUNJ
<b>Internal Address:</b>	RAICHUR
<b>City:</b>	KARNATAKA
<b>State/Country:</b>	INDIA
<b>Postal Code:</b>	584102
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Patent Number:	9732030
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(216)363-4588
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<b>ATTORNEY DOCKET NUMBER:</b>	48222-00021
<b>NAME OF SUBMITTER:</b>	DEBRA GUSMESSSEN SHOEMAKER
<b>SIGNATURE:</b>	/Debra Gusmessen Shoemaker/
<b>DATE SIGNED:</b>	02/21/2023
<b>Total Attachments: 4</b>	
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17 JAN 2013

ORIGINAL

IN 223 /CHE/ 2013

<b>FORM 1</b> <b>THE PATENTS ACT 1970</b> <b>(39 of 1970)</b> <b>&amp;</b> <b>The Patents Rules, 2003</b> <b>APPLICATION FOR GRANT OF PATENT</b> <b>[See Section 7, 54 &amp; 135 and Rule 20(1)]</b>	<b>(FOR OFFICE USE ONLY)</b> Application No: 223 /CHE/ 2013 Filing Date: 17/01/2013 Amount of Fee Paid: 4000/- CBR No: 639 Signature: 
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**1. APPLICANT (S)**

Name	Nationality	Address
SHILPA MEDICARE LIMITED	Indian	<b>SHILPA MEDICARE LIMITED</b> 2nd Floor, 10/80, Rajendra Gunj, RAICHUR, KARNATAKA, India

**2. INVENTOR (S)**

Name	Nationality	Address
SHRAWAT; VIMAL KUMAR	Indian	<b>SHILPA MEDICARE LIMITED</b> 2nd Floor, 10/80, Rajendra Gunj, RAICHUR-584102, KARNATAKA, India
RAFIUDDIN	Indian	<b>SHILPA MEDICARE LIMITED</b> 2nd Floor, 10/80, Rajendra Gunj, RAICHUR-584102, KARNATAKA, India
CHATURVEDI; AKSHAY KANT	Indian	<b>SHILPA MEDICARE LIMITED</b> 2nd Floor, 10/80, Rajendra Gunj, RAICHUR-584102, KARNATAKA, India

**3. TITLE OF THE INVENTION:** PROCESS FOR PREPARATION OF FINGOLIMOD AND ITS SALTS.

<b>4. ADDRESS FOR CORRESPONDENCE OF APPLICANT / AUTHORIZED PATENT AGENT IN INDIA</b>  <b>SHILPA MEDICARE LIMITED</b> 2nd Floor, 10/80, Rajendra Gunj, RAICHUR, KARNATAKA, India	Telephone No: +91-8532-235006 Fax No: +91-8532-235876 Mobile No: 07760995460 E-mail: <a href="mailto:akshay@vbshilpa.com">akshay@vbshilpa.com</a>
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**5. PRIORITY PARTICULARS OF THE APPLICATION (S) FILED IN CONVENTION COUNTRY**

Country	Application Number	Filing Date	Name of the Applicant	Title of the Invention
		NA		

**6. PARTICULARS FOR FILING PATENT COOPERATION TREATY (PCT) NATIONAL PHASE APPLICATION**

International Application Number.	International filing date as allotted by the receiving office

**7. PARTICULARS FOR FILING DIVISIONAL APPLICATION**

Original (first) Application Number.	Date of filing of Original (first) application

**8. PARTICULARS FOR FILING PATENT OF ADDITION**

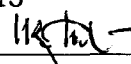
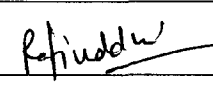
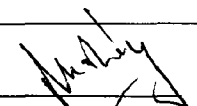
Main application/patent Number.	Date of filing of main application

**9. DECLARATIONS:**

**(i) Declaration by the Inventor(s)**

I/We, the above named inventor(s) ~~is~~/are the true & first inventor(s) for this invention and declare that the applicant(s) herein ~~is~~/are ~~my~~/our assignee or legal representative.

Date: 10-01-2013 Signature:  <b>Name: SHRAWAT; VIMAL KUMAR</b>	Date: 10-01-2013 Signature:  <b>Name: RAFIUDDIN</b>
Date: 10-01-2013 Signature:  <b>Name: CHATURVEDI; AKSHAY KANT</b>	

**(ii) Declaration by the applicant(s) in the convention country**

I/We, the applicant(s) in the convention country declare that the applicant(s) herein ~~is~~/are my/our assignee or legal representative.

(a) Date \_\_\_\_\_

(b) Signature(s) \_\_\_\_\_

(c) Name(s) of the signatory: \_\_\_\_\_

**(iii) Declaration by the applicant(s):**

**I/ We, the applicant(s) hereby declare(s) that:-**

- ☒ I am /We are in possession of the above-mentioned invention.
- ☒ The ~~provisional~~/complete specification relating to the invention is filed with this application.
- ☒ The invention as disclosed in the specification uses the biological material from India and the necessary permission from the competent authority shall be submitted by me/us before the grant of patent to me/us.
- ☒ There is no lawful ground of objection to the grant of patent to me/us.
- ☒ I am/We are the assignee or legal representative of true & first inventors.
- ☒ The application or each of the application, particulars of which are given in Para 5 was the first application in convention country/countries in respect of my/our invention.
- ☒ I/We claim the priority from the above mentioned application(s) filed in convention Country/ countries and state that no application for protection in respect of the invention had been made in a convention country before that date by me/us or by any

person from which I/We derive the title.

**X** My/our application in India is based on international application under Patent Cooperation Treaty (PCT) as mentioned in Para - 6

**X** The application is divided out of my/our application particulars of which are given in Para - 7 and pray that this application may be treated as deemed to have been filed on \_\_\_\_\_ under sec. 16 of the Act.

**X** The said invention is an improvement in or modification of the invention particulars of which are given in Para - 8.

**10. Following are the attachment with the application:**

- (a) ~~Provisional specification~~/Complete specification
- (b) Drawings (in conformation with the international application)/ as amended before the International Preliminary Examination Authority (IPEA), as applicable (1 copy), No. of sheets 3
- (c) Statement and undertaking on Form 3
- (d) Declaration of the inventorship on Form 5
- (e) We already filed through e-filing on ..... bearing No:....NA.....; CBR: .....

I/We hereby declare that to the best of my/our knowledge, information and belief the fact and matters stated herein are correct and I/We request that a patent may be granted to me/us for the said invention.

Dated this: 10<sup>th</sup> day of Jan 2013.

Signature: \_\_\_\_\_



Name: Dr. AKSHAY KANT CHATURVEDI

Patent Agent Reg. No.: IN/PA-1641  
CARD NO: 1748

**Head-Corporate IPM & Legal Affairs**  
**SHILPA MEDICARE LTD.**

2<sup>nd</sup> Floor, 10/80, Rajendra Gunj,  
**RAICHUR-584102, KARNATAKA, India**

To,  
The Controller of Patent,  
The Patent Office, at Chennai.

*Note:- \*Repeat boxes in case of more than one entry.*

*\*To be signed by the applicants(s) or by authorized registered patent agent otherwise where mentioned.*

*\*Tick (✓) cross (×) whichever is applicable/not applicable I declaration in Para – 9*

*\* Name of the inventor and applicant should be given in full, family name in the beginning.*

*\*Complete address of the inventor and applicant should be given starting the postal index no./code, state and country.*

*\* Strike out the column which is/are not applicable*

- *For fee: See First Schedule*