WIPO
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ORGANIZATION

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Patent Cooperation Treaty (PCT)

Common Quality Framework for International Search and Preliminary Examination

INITIAL REPORT ON QUALITY MANAGEMENT SYSTEMS

prepared by the INDIAN PATENT OFFICE

The Authority should provide general background information relevant to the quality management system (QMS) as set forth in this template.

The descriptions below each main heading of this template should be considered examples of the type and arrangement of information that should be included under each heading. Each Authority may provide additional information beyond that set forth in this template as desired.

INTRODUCTION (PARAGRAPHS 21.01 - 21.03)

In this introduction, each Authority should include a summary of all changes to their quality management system that have taken place since the previous report on their Quality Management System, and any other matters considered to be interest in relation to quality management.

If applicable, the Authority may at this point indicate any recognized normative reference or basis for their quality management system besides Chapter 21, such as ISO 9001, under the heading "Normative Reference for QMS"

For example: "Normative reference for QMS: ISO 9001, EQS (European Quality System)"

Each Authority should then provide at least the information indicated in the descriptive boxes, under the following headings. Authorities may include process charts if this would facilitate the understanding of an aspect of the report.

The Indian Patent Office (IPO) is part of the office of the Controller General of Patents, Designs and Trademarks (CGPDTM) under the Department for Promotion of Industry and Internal Trade, Ministry of Commerce and Industry, Government of India and is responsible for the grant of patents in India.

The Patents Act 1970 was amended to fulfill the obligations of international agreements and treaties to which India became a party. The Government of India invested on infrastructure, both physical and manpower, establishing a strong intellectual property regime in the country.

The Indian Patent Office was ~~recognized~~ appointed as an International Searching Authority and International Preliminary Examining Authority under the PCT and started functioning from 15th October 2013. IPO has access to a comprehensive collection of patent and non-patent literature that covers the PCT minimum documentation. Professionally qualified and skilled Examiners are assets of IPO.

IPO has established a Quality Management System covering technical and administrative tasks of the office. Fully electronic processing system ensures speedy disposal and dissemination of information on a real time basis. Steps have been ~~initiated~~ adopted by IPO to make the QMS fully compliant with Chapter 21 of the Guidelines for Authorities under the PCT. Documentation covering the need, guiding principles, policy, objectives and mechanisms to ensure quality has been circulated to all concerned.

The Government of India formulated and adopted the National IPR Policy in 2016 and one of the seven objectives of the IPR policy addresses "Administration and Management" aimed to modernize and strengthen service oriented IPR administration. The National IPR Policy stresses the need for sensitization of IPR officials at all levels with regard to the objects and reasons of laws and international obligations; their continuous education and training and regular audit of their work to ensure a vibrant and service oriented IPR regime. Among the objectives of the Policy is to conduct periodic audits of processes being adopted in IP administration for efficient grant and management of IP rights as well as to implement quality standards at all stages of operations with the aim to obtain ISO certification. As per the National IPR Policy, several steps have been taken to strengthen the IPR ecosystem in the country including spreading IP awareness, setting up IPR Cells in higher education institutes, programs to encourage research and innovation, IP facilitation schemes for Startups, SMEs and educational institutions, enhanced professional legal support through registration of patent agents and other facilitators etc.

Summary:

In the year 2025, the organizational set up of the office of CGPDTM was restructured to improve the management and operational efficiency. A dedicated QMS Division has been established. The examiner workforce has been augmented and the induction training revamped to keep up with the technology trends and foster experiential learning. Around 460 additional examiners have started contributing to the work output.

~~During 2024, the IPO continued with the implementation of the Annual Capacity Building Program under the Mision Karmayogi initiative of the Government of India. Several courses covering the functional and behavioral topics were completed by officials with an average of 50 hours of learning per official on the iGOT Learning Management System. Additionally, the office commenced in-house development of e-learning materials to enhance the technical and functional competency of officials as part of a comprehensive capacity building initiative. As part of the quality control, a separate division has been formed to check whether the decisions issued by the patent office are well reasoned. The Patent Office augmented the Examiner workforce by recruiting more than 400 Examiners and with the Induction training scheduled in the first quarter of 2025, these examiners will be on the job during the second half of 2025 improving the timelines in processing of patent applications. During 2024, work was done on improving the Induction Training methodology, updating the Learning Resource Material and adding more subject specific examples.~~

1. LEADERSHIP AND POLICY

21.04 Confirm that the following are clearly documented, and that this documentation is available internally:

(a) The quality policy established by top management.

(b) The roles and names of those bodies and individuals responsible for the QMS, as specified by top management.

(c) An organizational chart showing all those bodies and individuals responsible for the QMS.

The Quality Policy is established by the CGPDTM. A separate division for QMS has been established. The QMS Division is also responsible for ensuring that the quality policy and objectives are understood by everyone in the organization and to ensure that continual improvement takes place. While the QMS Division drives the quality

initiatives within IPO, each Division of IPO is also individually responsible for maintaining quality in operations and services. The QMS Division works closely with operations divisions to ensure upkeep of Standard Operating Procedures. The QMS Division also collaborates with the Quality Control teams to conduct different quality checks. The quality aspects are also included in the overall reviews of office of CGPDTM conducted by the Department for Promotion of Industry and Internal Trade (DPIIT).

The organizational chart showing all those bodies responsible for the QMS is given in paragraph 21.06

~~The Quality Management System for the Indian Patent Office is established by the Controller General. The unit of IPO that is responsible for the Quality Management System is the Quality Management Committee (QMC) of IPO which is headed by the CGPDTM. The QMC is composed of representatives of Examination Policy Division (EPD), Quality Assurance Division, Administrative Affairs Division (AAD), Human Resources Division (HRD), IT Division (ITD) and the ISA/IPEA Division.~~

~~The QMS is documented and contains the Quality policy in the form of Vision and Mission of IPO. It defines the roles of each Division responsible for QMS.~~

~~The Examination Policy Division (EPD) heads all the technical examination Groups of IPO at all India level and is responsible for establishing and updating guidelines for search and examination, ensuring capacity building and bringing in uniformity and consistency in practice followed by the Examiners and Controllers at all locations of IPO. It is also responsible for planning the disposal of applications to reduce backlog. The EPD monitors the review reports of quality of the four Examination Divisions at all locations of IPO.~~

~~The supporting divisions that manage the digitization and records are monitored and controlled by the Administrative Affairs Division (AAD). It monitors the implementation of the Document Management System in IPO. The AAD is also responsible for maintenance of IP records in the IPO. Separate wing is constituted to implement the Document Management System for International applications that includes receipt of applications, scanning, data entry and verification of data for international applications. The AAD trains the officers and staff posted at the supporting divisions.~~

~~The (Human Resources Division) HRD maintains the records of qualification, experience and training of the staff of IPO.~~

~~The (IT Division) ITD is responsible for software development for the electronic processing of applications and also for management of the database. The ITD builds changes in the processing software to reduce errors while processing and to facilitate reforms. It ensures real time dissemination of information as well as transparency within the organization and to the public.~~

~~The ISA/IPEA Division addresses the requirements to function as ISA/IPEA. It ensures that the Guidelines for international search and examination are followed correctly and also imparts training to the staff entrusted with the tasks as ISA/IPEA. It manages the Formality Division of ISA/IPEA.~~

~~The goals of IPO in terms of our quality policy is reflected in Vision and Mission of IPO available on IPO website at https://ipindia.gov.in/isaweb/~~

~~Organizational setup of IPO~~

21.05 Indicate (e.g. by means of a table) the extent of compatibility between the Authority's QMS and the requirements of Chapter 21 of these International Search and Preliminary Examination Guidelines. Alternatively, indicate where the Authority is not yet compliant with these requirements).

[Sample table, to be amended as necessary]

Chapter 21 requirement				Extent of compliance		
				full	part	no
21.04		(a)	Quality policy available	✓		
		(b)	Identified roles and names for QMS responsibility	✓		
		(c)	Organizational chart available	✓		
21.05			Established compatibility of QMS with Chapter 21	✓		
21.06		(a)	Mechanisms to ensure effectiveness of the QMS	✓		
		(b)	Control of the continual improvement process	✓		
21.07		(a)	Communication of management about this standard to staff	✓		
		(b)	The PCT Guidelines are in line with the Authority's QMS	✓		
21.08		(a)	Management reviews take place	✓		
		(b)	Quality objectives are reviewed	✓		
		(c)	Communication of quality objectives to the relevant staff at the Authority	✓		
21.09		(a)	Performance of a yearly internal review of the QMS in/to	✓		
		(b)	determine the extent to which the QMS is aligned with Chapter 21	✓		
			determine the extent to which search and examination (S&E) complies with PCT Guidelines			
		(c)	an objective and transparent way	✓		
		(d)	using input incl. information according to paragraph 21.29	✓		
		(e)	recording the results	✓		
21.10			Risk and opportunities are addressed that can affect the QMS and the conformity of search and examination	✓		
21.13			Arrangements for establishing risk-based practices to			
	(i)	(a)	understand issues that affect its ability to achieve intended results of the QMS	✓		
		(b)	understand the needs and expectations of interested parties	✓		
	(ii)		identify risks and opportunities related to the performance of the QMS as a basis for planning	✓		

Chapter 21 requirement				Extent of compliance		
				full	part	no
	(iii)		plan and implement actions to address risks and opportunities	✓		
	(iv)		check the effectiveness of the actions taken	✓		
	(v)		continuously update risks and opportunities.	✓		
21.15			Assurance to monitor and adapt to actual workload			
	(i)		Infrastructure in place to ensure that a quantity of staff			
		(a)	sufficient to deal with the inflow of work	✓		
		(b)	which maintains technical qualifications to search and examine in all technical fields	✓		
	(ii)		Infrastructure to provide a quantity of skilled administrative staff			
		(a)	at a level to support the technically qualified staff	✓		
		(b)	for the documentation of records	✓		
	(iii)		Ensuring appropriate equipment to carry out S&E	✓		
	(iv)		Ensuring documentation according to Rule 34	✓		
	(v)	(a)	Instructions to help staff understand and act according to the quality criteria and standards	✓		
		(b)	Instructions to follow work procedures accurately and they are kept up-to-date.	✓		
	(vi)	(a)	Training and development program to ensure and maintain necessary skills in search and examination	✓		
		(b)	Training and development program to ensure awareness of staff to comply with the quality criteria and standards.	✓		
	(vii)	(a)	System in place for monitoring resources required to deal with demand	✓		
		(b)	System in place for monitoring resources required to comply with the quality standards in S&E	✓		
21.16	(i)		Control mechanisms to ensure timely issue of S&E reports	✓		
	(ii)		Control mechanisms regarding fluctuations in demand and backlog	✓		
21.17	(i)		Internal quality assurance system for self-assessment			
		(a)	for compliance with S&E Guidelines	✓		
		(b)	for channeling feedback to staff	✓		
	(ii)		System for measurement of data and reporting for continuous improvement	✓		
	(iii)		System for verifying the effectiveness of actions taken to correct deficient S&E work, eliminate the causes and prevent issues from recurring	✓		
21.19		(a)	Contact person helping identify best practice between Authorities	✓		

Chapter 21 requirement				Extent of compliance		
				full	part	no
		(b)	Contact person fostering continual improvement	✓		
		(c)	Contact person providing for effective communication with other Authorities for feedback and evaluation	✓		
21.20	(i)	(a)	Appropriate system for handling complaints	✓		
		(b)	Appropriate system for taking preventive/corrective actions	✓		
		(c)	Appropriate system for offering feedback to users	✓		
	(ii)	(a)	A procedure for monitoring user satisfaction & perception	✓		
		(b)	A procedure for ensuring their legitimate needs and expectations are met	✓		
	(iii)		Clear and concise guidance and information on the search and examination process for the user	✓		
			Indication where and how the Authority makes its quality objectives publicly available	✓		
21.21		(a)	Established communication with the International Bureau	✓		
		(b)	Established communication with designated and elected Offices	✓		
21.22			QMS of Authority clearly described and documented	✓		
21.23		(a)	Material making up the reference of quality procedures and processes for staff and management has been prepared and distributed	✓		
		(b)	Media available to support the reference material	✓		
		(c)	Document control measures are taken	✓		
21.24			Items which should be documented in the reference of quality procedures and processes			
	(i)		Quality policy of the Authority and commitment to QMS	✓		
	(ii)		Scope of QMS	✓		
	(iii)		Organizational structure and responsibilities	✓		
	(iv)		Documented processes carried out in the Authority	✓		
	(v)		Resources available to carry out processes and implementing the procedures	✓		
	(vi)		Description of the interaction between the processes and the procedures of the QMS.	✓		
21.25	(i)		Records of which documents are kept and where they are kept	✓		
	(ii)		Records of results of management review	✓		
	(iii)		Records about training, skills and experience of staff	✓		
	(iv)		Records of evidence of conformity of processes, resulting products and services in terms of quality standards	✓		

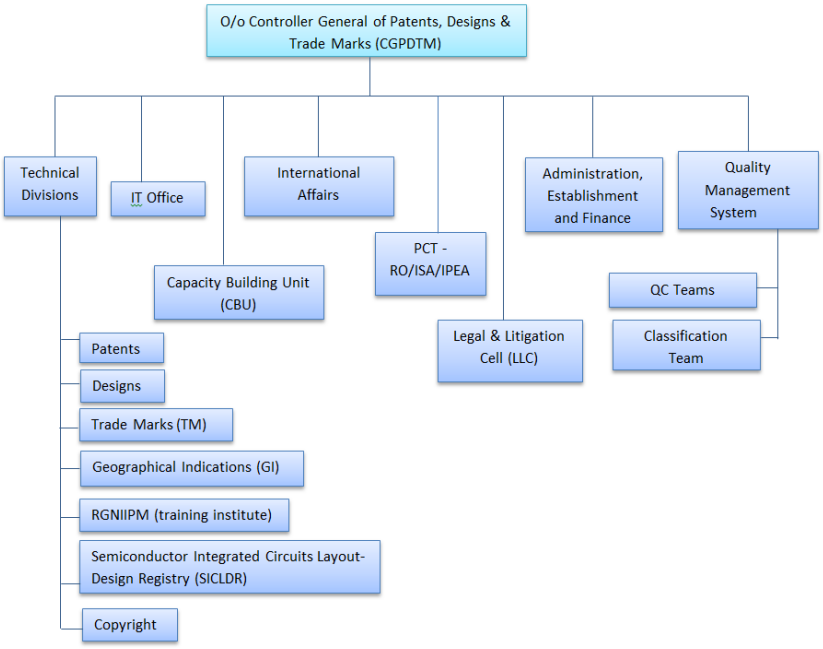
Chapter 21 requirement				Extent of compliance		
				full	part	no
	(v)		Records of results of reviews of requirements relating to products	✓		
	(vi)		Records of the S&E process carried out on each application	✓		
	(vii)		Records of data allowing individual work to be tracked	✓		
	(viii)		Records of QMS audits	✓		
	(ix)		Records on actions taken re. non-conforming products	✓		
	(x)		Records on actions taken re. corrective actions	✓		
	(xi)		Records on actions taken re. preventive actions	✓		
	(xii)		Records referring to search process documentation	✓		
21.26	(i)		Recording of the databases consulted during search	✓		
	(ii)		Recording of keywords, combination of words and truncations during search	✓		
	(iii)		Recording of the languages used during search	✓		
	(iv)		Recording of classes and combinations thereof consulted during search	✓		
	(v)		Recording of a listing of all search statements used in databases consulted	✓		
	(vi)		Records about limitation of search and its justification	✓		
	(vii)		Records about lack of clarity of the claims	✓		
	(viii)		Records about lack of unity	✓		
21.27			Report on its own internal review processes	✓		
21.28-21.30			Additional information on further inputs to its internal reviews	✓		
21.31			Initial report called for by paragraph 21.31	✓		

21.06 Indicate with reference to the organizational chart those bodies and mechanisms management uses to ensure:

(a) the effectiveness of the QMS; and

(b) that the process of continual improvement progresses.

The organizational chart of office of CGPDTM:



The bodies and mechanisms used to ensure the effectiveness of QMS are given below:

The Technical Division of O/o CGPDTM heads all the technical examination Groups of IPO at all India level and is responsible for establishing and updating guidelines for search and examination, and bringing in uniformity and consistency in practice followed by the Examiners and Controllers at all locations of IPO. It is also responsible for planning the disposal of national applications to maintain timeliness and conducts weekly review meetings.

The Capacity Building Unit of O/o CGPDTM manages the training activities for all IP. It covers routine trainings as well as special training sessions planned as an outcome of training needs analysis arising out of quality control. Apart from the CBU, separate training committees are also constituted for special activities like the induction training of examiners to facilitate enlarged collaboration. Trainings are managed by Rajiv Gandhi National Institute for Intellectual Property and Management (RGNIIPM) which is an integral part of O/o CGPDTM.

The Formality Division manages centrally the functions of receiving sections, record management, foreign filing permission, Power of Attorneys, maintenance of e-Register and compliance of all formality matters, conducting agent examination and enrollment.

The IT Office is responsible for software development and maintenance of hardware for the electronic processing of applications and also for management of the database. The IT Office builds changes in the processing software to reduce errors while processing and to facilitate reforms. It ensures implementation of data standards and real time dissemination of information as well as transparency within the organization and to the public. The IT office and the QMS Division collaborate for continual improvement in data quality and to ensure workflows that facilitate monitoring, quality control and metrics.

The PCT-RO/ISA/IPEA Division manages the functions of RO and the formality tasks of ISA/IPEA.

The QC team under the QMS Division ensures that the Guidelines for International Search and Preliminary Examination are followed correctly and also imparts training to the examiners entrusted with the tasks as ISA/IPEA. The QMS team and the Quality Control team collaborate to ensure quality control and identification of training needs. The Classification team is also integrated with the Quality Control team. The outcomes from quality control, feedback from stakeholders and grievances are analysed and actions taken for continual improvement.

Review meetings are conducted regularly by the CGPDTM to review the tasks done by the different divisions.

~~Organisational set up of QMS shown in report for paragraph 21.01-21.03~~

~~The first step of the review is to determine the extent of achievement of quality objectives .This review is done every month by the Coordinating QC Teams.~~

~~The second step of review is done by a Committee composed of Supervisory Controllers of each Examination Group, In-charge ISA, In-charge IPEA and In-Charge IT and Quality Cell ISA/IPEA. This review is done every quarter and is utilized to remedy any shortfall in the implementation and achievement of quality objectives.~~

~~The third step of review is to review the quality objectives and the QMS itself wherein the organizational setup for QMS, the QMS document, the mechanisms for implementation/review etc., are considered. This is done in the Annual meeting of the Quality Management Committee (QMC).~~

21.07 Indicate how management of the Authority communicates to its staff the importance of meeting treaty and regulatory requirements including:

(a) those of this standard; and

(b) complying with the Authority's QMS.

Effective communication to staff regarding the importance of quality is done through circulars, meetings, guidelines etc. The outcome of quality checks and feedback are communicated to the concerned operations teams. Copies of all Manuals and Guidelines are made available electronically to all concerned officials and the need to abide by quality is stressed during meetings and trainings. In particular, from the top management the Controller General periodically addresses the employees and urges the need for alignment with the quality policy and highlights the significance of the role played by the IP Office in catalyzing the knowledge based economy of the nation.

~~Effective communication to staff regarding the importance of quality is done through circulars, meetings, guidelines etc. Copies of PCT Guidelines for Authorities are provided to all concerned officials and the need to abide by quality is stressed during meetings and trainings.~~

~~A Quality Assurance Portal has been developed. This Portal has login facility for staff and officers and will aid in proper intranet communication of all the documentation relating to Quality Assurance.~~

21.08 Indicate how and when top management of the Authority or delegated officers:

(a) conducts management reviews and ensures the availability of appropriate resources;

(b) reviews quality objectives; and

(c) ensures that the quality objectives are communicated and understood by the relevant staff at the respective Authority.

The review meetings that are conducted regularly by the technical divisions provide insights into the hurdles and emerging issues that have the potential to adversely affect the services offered by the IP Office. Timely augmentation of manpower is done based on the trends in workload in the Patent office. Physical and digital infrastructure is also upgraded as per needs. Clarity is brought in by timely issuance of circulars to tackle emerging issues. Procedural as well as organizational changes are carried out to achieve the quality objectives. Review meetings that are conducted by the CGPDTM help in identifying issues demanding action. Further major policy or financial interventions that are required are escalated to the department to facilitate actions. The quality objectives are reviewed periodically to address deficiencies and for continual improvement. The Quality Assurance Portal has login facility for examiners and controllers and aids in proper intranet communication of all the documentation relating to QMS. Effective communication to staff regarding the importance of quality is done through circulars, meetings, guidelines etc.

~~The Examination Groups are headed by Group Leaders who manage the output of each Group and report to the Technical Head at each location. Review meetings are held in each Group every month. Meetings chaired by the Technical Head with all Group Leaders and members of the Examination Groups are held in every quarter. RECS (Receiving Section), RMID (Record Management Information Dissemination) and GPM (General Patent Matters) also report to the Technical Head at each location. Review meetings are held annually by CGPDTM with the Technical Heads and Group Leaders as well as officers in charge of RECS, RMID and GPM at all locations.~~

~~The quality objectives and review mechanisms are documented and made available internally. Quality aspects are inbuilt in the electronic processing software for processing of applications. Auditing and reporting facilities are also built in the software.~~

~~The quality objectives themselves are reviewed keeping in mind continual improvement or to remedy any shortfall. This review is done during quarterly meetings of the QMC.~~

~~Effective communication to staff regarding the importance of quality is done through circulars, meetings, guidelines etc.~~

21.09 Indicate whether top management or delegated officers of the Authority perform an internal review of the QMS in accordance with paragraphs 21.27-21.30:

(a) at least once per year (cf. paragraph 21.27);

(b) in accordance with the minimum scope of such reviews as set out in Section 9, namely:

to determine the extent to which the QMS is based on Chapter 21 (cf. paragraphs 21.27, 21.29(i));

to determine the extent to which Search and Examination work complies with PCT Guidelines (cf. paragraphs 21.27, 21.29(i));

(c) in an objective and transparent way (cf. paragraph 21.27);

(d) using input including information according to paragraphs 21.29 (ii)-(vi);

(e) recording the results (cf. paragraph 21.30).

The QMS is reviewed annually by the CGPDTM wherein the organizational setup for QMS, the QMS document, the mechanisms for implementation/review etc., are considered. The PCT functions are separately reviewed once every quarter to assess the quality and timeliness. All results of reviews are recorded.
~~The QMS is reviewed wherein the organizational setup for QMS, the QMS document, the mechanisms for implementation/review etc., are considered. This is done in the Annual meeting of the QMC.~~

21.10 Indicate whether top management of the Authority promote practices to ensure that risks and opportunities that can affect its QMS and the conformity of international search and examination are addressed.

The top management of the Authority promotes practices to ensure that risks and opportunities that can affect its QMS and the conformity of international search and examination are addressed.

~~The Examiners are qualified and possess different subject specialization. The work of Search and Examination are done by the subject experts depending on the technical content of the applications processed by IPO. The Examiners are given technical training in emerging fields through lectures. All Examiners are proficient in English language.~~

~~Training is imparted to staff to support the Examination Divisions in making available prints of documents and also to manage inflow and outflow of documents.~~

2. RISK-BASED PRACTICES

21.11 Explanatory note: Each Authority should establish its own risk-based practices to enable the Authority to determine factors that could cause operational processes and its quality management system to deviate from requirements or planned results, to put in pace preventive controls to minimize negative effects, and to make use of opportunities as they arise.

21.12 Explanatory note: It is open to each Authority to set up its own arrangements to determine the effect of uncertainty on objectives. Paragraph 21.13 provides a guide to the basic components of risk-based practices as an element of QMS. There is no requirement for formal methods of risk management or a documented risk management process.

(Note: These points are informative. No response is required by the template to paragraphs 21.11 and 21.12).

21.13 Arrangements for establishing risk-based practices

Provide information on the arrangements that your Authority has made to:

(i) (a) understand issues that affect its ability to achieve intended results of the QMS, and

(b) understand the needs and expectations of interested parties;

(ii) identify risks and opportunities related to the performance of the QMS as a basis for planning;

(iii) plan and implement actions to address risks and opportunities;

(iv) check the effectiveness of the actions taken; and

(v) continuously update risks and opportunities.

21.14 Explanatory note: All processes of the QMS present differing levels of risk in terms of the Authority's ability to meet its objectives, and the effects of uncertainty are not the same for all Authorities. Each Authority is responsible for the actions it decides to take to address risks and opportunities.

(Note: This point is informative. No response is required by the template to paragraph 21.14).

The top management monitors the issues that may potentially affect the ability of the office to meet the set objectives. The potential risks are reported during periodic review meetings and preventive actions are taken. Effective adjustments are done to manage the work load and to ensure that the timeliness as ISA is adhered with. The IPO as ISA is keen on extending its services to applicants from other jurisdictions. The individual divisions that handle different operations are encouraged to identify risks and suggest mitigation strategies in their areas of work. Suitable interventions are made by the top management to minimize the effect of risks on the quality of services.

~~The Quality Cell is assigned with the responsibility for adopting risk-based practices. The Quality Cell strives to identify/anticipate any possible risks that could adversely affect or any opportunity that has the potential to improve the desired quality of output and takes suitable steps.The IT systems are updated from time to time to achieve the desired results. The Examiners are provided instructions/guidance to manage the situation. This is a continual effort.~~

3. RESOURCES

21.15 Explanatory note: The granting of ISA/IPEA status means that the Authority has demonstrated it has the infrastructure and resources to support the search and examination process. Chapter 21 calls for assurance that the Authority can continually support this process while accommodating changes in workload and meeting QMS requirements. The responses below, should provide this assurance.

Human resources:

(i) Provide information about the infrastructure in place to ensure that a quantity of staff:

sufficient to deal with the inflow of work; and

which maintains the technical qualifications to search and examine in the required technical fields;

is maintained and adapted to changes in workload.

(ii) Describe the infrastructure in place to ensure that a quantity of appropriately trained/skilled administrative staff is maintained and adapted to changes in workload:

at a level to support the technically qualified staff and facilitate the search and examination process, and

for the documentation of records

keep the examiners abreast with the emerging technologies, various sessions from experts in different fields are conducted and the IPO examiners also take part in various examiner exchange programs with other IP Offices. Certain online courses are part of mandatory learning and examiners are encouraged and supported to learn online courses conducted by the WIPO Academy. The IPO functions fully electronically and all documentation is accessible via the intranet or the internet for the employees.

In spite of the increasing trends in filing in ISA/IN every year, the timeliness in establishing the reports is maintained. Further, in case of many of the applicants, the ISA/IN has witnessed repeated filing from the same applicants demonstrating the continued trust of the applicants. IPO augmented the manpower adding more Examiners in emerging fields of technology. Training programs are conducted frequently for Examiners and staff to upgrade their skills.

~~The Patent Office augmented the Examiner workforce by recruiting more than 400 Examiners and with the Induction training scheduled in the first quarter of 2025, these examiners will be on the job during the second half of 2025 improving the timelines in processing of patent applications.~~

Material resources:

(iii) Describe the infrastructure in place to ensure that appropriate equipment and facilities such as IT hardware and software to support the search and examination process are provided and maintained;

(iv) Describe the infrastructure in place to ensure that at least the minimum documentation referred to in Rule 34 is available, accessible, properly arranged and maintained for search and examination purposes. State whether it is on paper, in microform or stored on electronic media, and where.

(v) Describe how instructions:

to help staff understand and adhere to the quality criteria and standards; and;

to follow work procedures accurately and consistently

are documented, provided to staff, kept up-to-date and adapted where necessary.

IPO has established a dedicated IT Office to manage the hardware and software needs of the organization. The IT infrastructure has been upgraded in tune with the rising needs regarding processing time and storage. Further, the IPO carries out all its functions electronically through internal processing software. High speed internet access is available at all locations to support search.

IPO has access to patent and non-patent search databases that include proprietary and public search systems. IPO maintains its own patent documents electronically and is continually improving the data capture according to WIPO standards. The IT Office is responsible for ensuring adequate infrastructure including computers to all employees. The Government of India launched 'One Nation One Subscription' scheme to access extensive collection of non-patent literature and IPO is being covered under the same. IPO has access to databases covering the PCT Minimum Documentation. The search systems provide facility to export the Search Process Documentation.

Instructions to eliminate errors and to maintain quality are built into the in house processing software for ISA/IPEA operations. The electronic processing software has facilities to provide feedback on search strategy and examination report which helps mentoring. The working procedures are accessible to all concerned. Office circulars are issued to address emerging issues that require clarity.

~~A core Committee on IT composed of officers from IPOs of all four locations as well as the IT Division makes assessment about the requirements for hardware and software at all locations. The Committee decides the software as well as the specifications of hardware to be procured and used at all locations of IPO so that uniformity in standards is maintained.~~

~~IPO has access to databases covering the PCT Minimum Documentation. There is also a Document Delivery system for Non-Patent Literature. The search systems provide facility to export the Search Process Documentation.~~

~~Instructions to eliminate errors and to maintain quality are built into the in house processing software for ISA/IPEA operations.~~

~~Effective communication to staff regarding the importance of quality and to follow procedures accurately and consistently is done through circulars, meetings, guidelines etc.~~

Training resources:

(vi) Describe the training and development infrastructure and program which ensures that all staff involved in the search and examination process:

acquire and maintain the necessary experience and skills; and

are fully aware of the importance of complying with the quality criteria and standards.

aimed to ensure that all trainees, regardless of their technical field, receive a bird's eye understanding of applying the patent law across different technical fields and at the same time enable deep dives into their own subject areas. The assessments focus more on concepts and skills to avoid memory based evaluation and to facilitate measurement of learning progress and course correction. IPO utilizes anonymous feedback mechanism to tailor the trainings responsive to the trainee needs.

IPO selects objectively and maintains a panel of in-house trainers from different disciplines. Customised Training of Trainers programs are conducted to equip the in-house trainers to apply Adult Learning Principles and the different aspects essential for good facilitation in classrooms.

The Induction trainings are followed by structured mentorship programs that include intensive mentorship and transitional mentorship. Training on PCT and international search and examination is conducted separately as well.

Apart from the induction training, IPO conducts various leadership trainings of controllers. The Controllers are given judicial training to help them perform their quasi-judicial functions effectively. Trainings are also imparted to Examiners and Controllers by experts from other patent offices and from the WIPO.

~~The Examiners are given initial training of 3 months duration immediately after induction as Examiners. This is followed by on the job training for eight months under the supervision of a senior Examiner. Refresher training is given during the last one month of the first year. Training programs are conducted at the Rajiv Gandhi National Institute for Intellectual Property and Management located at Nagpur, India.~~

~~Training is imparted to staff to support the Examination Divisions in making available prints of documents and also to manage inflow and outflow of documents.~~

~~The Controllers are given judicial training to help them perform their quasi-judicial functions effectively.~~

~~Trainings are also imparted to Examiners and Controllers by experts from other patent offices functioning as ISA/IPEA and from the WIPO. Special training for Examiners is also conducted in respect of International Patent Classification.~~

During 2022, the office of CGPDTM under the guidance of the Capacity Building Commission of the Government of India started implementing the program 'Mission Karmayogi" (https://cbc.gov.in/mission-karmayogi.html) in the office and as part of it has prepared the Annual Capacity Building Plan which will ensure atleast two weeks of training to every employee during a year. It covers domain, functional and behavioral capacity building through online and offline modes. During the year 2022, IPO launched "IP Manthan" an online brainstorming session by experts on emerging technologies and other topics relating to IP which is informative to both the technical officers of IPO as well as the stakeholders. As per the Annual Capacity Building Plan (ACBP) ~~which was implemented in 2023 and 2024~~, the officials of CGPDTM have undergone training on iGOT, a learning management system.The online courses covered ~~different domain,~~majorly functional and behavioural competencies. ~~Several courses covering the functional and behavioral toipcs were completed by officials with an average of 50 hours of learning per official on the iGOT Learning Management System~~

Oversight over resources:

(vii) Describe the system in place for continuously monitoring and identifying the resources required:

to deal with demand; and

comply with the quality standards for search and examination.

The work in the Examination Groups is continuously monitored by the Group Leaders who report the changes in demand to the Technical Head. The work of each Examiner is supervised by a Controller for correctness and quality. The IPO periodically augments the workforce by addition of more examiners from different subject fields. The IPO also established an advanced Management Information System and dashboards that help in monitoring the work at different stages of processing of national applications.

The trends in work load are monitored and adjustments are made timely to ensure timeliness in international search. The international reports undergo quality checks before issuance. Monitoring of work in ISA and IPEA is possible through the internal processing software. The quality checks are done for all international reports before issuance.

~~The work in the Examination Groups is continuously monitored by the Group Leaders who report the changes in demand to the Technical Head. Quality assessment is also done by the Group Leaders. The work of each Examiner is supervised by a Controller for correctness and quality. Digitization reports are generated for the quantum of inflow and outflow from the Receipt Section to analyze the timely digitization of documents. These reports are reviewed by the Controller in charge of the Receipt Section at each of the locations of IPO and the manpower is adjusted to cope up with the demand. The Review report and the changes are reported to the Technical Head at each location.~~

4. MANAGEMENT OF ADMINISTRATIVE WORKLOAD

21.16 Indicate how the following practices and procedures for handling search and examination requests and performing related functions such as data-entry and classification are implemented:

(i) Effective control mechanisms regarding timely issue of search and examination reports to a quality standard as set by the respective Authority; and

(ii) Appropriate control mechanisms regarding fluctuations in demand and backlog management.

When an international application is allotted for international search/ preliminary examination, the Examiner is also provided with a time limit sheet which guides the Examiner regarding the time limits to be followed for issue of invitations and notifications as well as the ISR/WO/~~IPER~~IPRP.

Please see report on paragraph 21.17

Emails are also sent automatically to all users regarding allotment of Search copy as well as when few days are left for the time limit for establishing reports. Alerts are received by the Quality Cell as well as the ISA In-charge.

The Examiners and the Quality Cell are also guided by traffic light alerts in the software to maintain the timelines. The trends in workload are monitored and appropriate adjustments are made in the number of subject experts assigned with the ISA work and timeliness is maintained.

In the year 2023, the Indian Patent Office enlarged the scope of Screening and Classification tasks to cover Classification based on CPCs and identification of emerging technologies for national applications. The IPO offers online filing facility to applicants and receives only very few applications on paper. All documents are digitised and the processing is fully electronic.

5. QUALITY ASSURANCE

21.17 In accordance with the Guidelines, the following are required quality assurance measures for timely issue of search and examination reports of a high quality. Indicate how the following are implemented, including the use of any checklists to verify reports before their issue or for monitoring the quality as part of a post-issue review process:

(i) An internal quality assurance system for self-assessment, involving verification, validation and monitoring of searches and examination work:

for compliance with these Search and Examination Guidelines;

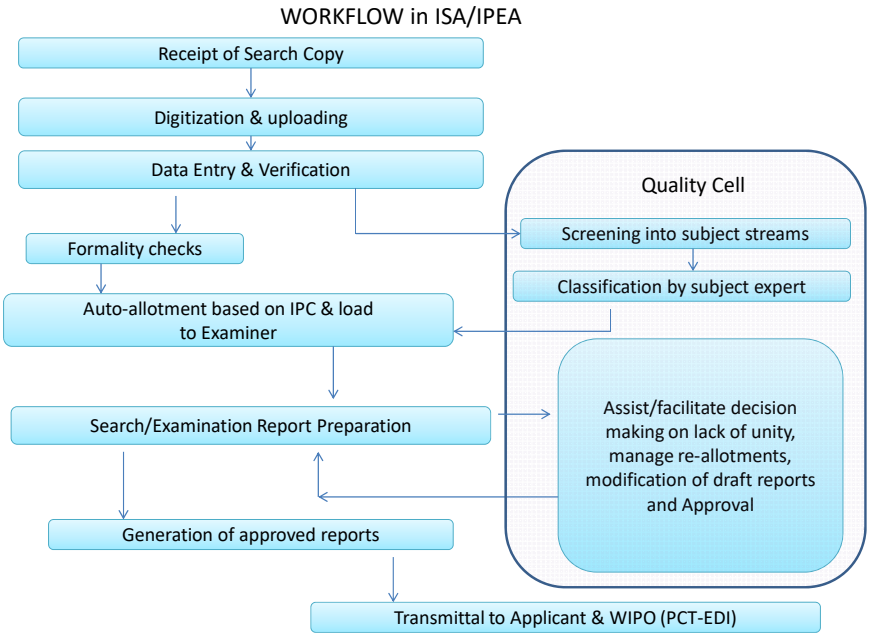
for channeling feedback to staff.

(ii) A system of measurement and collection of data and reporting. Show how the Authority uses the system to ensure the continuous improvement of the established processes.

(iii) A system for verifying the effectiveness of actions taken to correct deficient S&E work, eliminate the causes, and to prevent issues from recurring.

All working procedures are reviewed for clarity and being made available on a portal for single point access. The reports prepared by the Examiners in ISA/IPEA are checked for quality directly by the Quality Cell. ~~A~~ The Quality Cell which is composed of Controllers and Examiners with different subject specialization, reviews the reports prepared by the Examiners in ISA/IPEA. Apart from reviewing the reports, the Quality Cell is also responsible for monitoring the timeliness and also for mentoring the Examiners. The Cell provides support and feedback on Search Strategy to the Examiners. This arrangement has helped the IPO to have better control over the processes. The timeliness is being maintained and continual improvement of processes is also being achieved. The electronic processing software has been developed further to support better monitoring of timelines and to enable quality checks. IPO has established check lists for search strategy checks and IPO publishes the search strategies on Patentscope. The Quality Cell also has the responsibility to sensitize the Examiners for corrective/preventive steps. The records relating to non-conforming products, corrective and preventive actions are maintained for future reference.

The workflow in ISA/IPEA is as follows:



In case of national work products, the Quality team conducts review of Examiner's work products on random samples to check the search strategies and report writing. Training Needs Analysis is done and reported to the Capacity Building Unit to address skill gaps. The deviations noted during quality reviews are circulated internally for improvement. The work products of Controllers who decide the grant or refusal of patents (perform quasi-judicial functions as per the Indian patent law) are checked using a sampling methodology and Peer Check mechanism. Further, sample checks on classification are conducted and the outcome shared with classifiers. ~~Quality Assurance Teams composed of Examiners from different subject fields are constituted for each of the locations of IPO for quality assurance of national applications. Thus there are QAT-D, QAT-C, QAT-M and QAT-K at IPOs at Delhi, Chennai, Mumbai and Kolkata. These Quality Teams randomly select patent applications at the beginning of a month which are examined by the Examiners of the Group and conduct search and examination independently for quality audit. The feedback is given to the Examiner who examined the case. The checks are done electronically on the Quality Assurance Portal.~~

~~The drawbacks noticed during quality audit are followed up to remedy them. Reports and suggestions for improvement are submitted by the Quality Teams of each Group to the Group Leader of the Group and a consolidated Report with recommendations is sent by the Group Leader to the Technical Head. Copies of this consolidated report are sent also to Group Leaders of the same Group and the Technical Heads at other three locations. This aids in establishing uniformity among Examiners working at different locations.~~

A Quality Assurance Portal has been developed to enable the functions of ~~the QA Division~~quality control with the facility to measure & share the outcomes of the ~~audit~~ checks done on the output to all the concerned. The Portal is linked to a database which can store the tools like QA checklists and enables online quality checks saving the entries made during Quality Audits. It has features for reports. ~~QAP will enable smooth communication to all concerned and suitable Management Information Systems are also part of QAP.~~ The Portal is a platform for knowledge sharing. It ~~will be~~is useful to publish Notifications, checklists, tips for quality, sharing of best practices

and act as an electronic forum for discussion on topics of interest that are related to quality. ~~It will allow communication and maintenance of records in the form of note sheets with continuity so that the case history is available.~~

6. COMMUNICATION

Inter-Authority communication:

21.18 Explanatory note: Each Authority should provide for effective communication with other Authorities.

(Note: This point is informative. No response is required by the template to paragraph 21.18)

21.19 Provide the name, job title and contact details of the Authorities designated quality contact person who will take responsibility for:

(a) helping identify and disseminate best practice among Authorities;

(b) fostering continual improvement; and

(c) providing for effective communication with other Authorities to allow for prompt feedback from them so that potential systemic issues can be evaluated and addressed.

Name of designated quality contact person: Ms. Rekha.V

Job title: Joint Controller of Patents and Designs

Contact details: Bouddhik Sampada Bhawan, Sector 14, Dwarka, New Delhi-110078, India

Email: rekha.ipo@nic.in, qc.isaipea@nic.in~~Contact +911125301227~~

Communication and guidance to users:

21.20 Describe the system in place for monitoring and using customer feedback including at least the following elements:

(i) An appropriate system for

handling complaints and making corrections;

taking corrective and/or preventative action where appropriate; and

offering feedback to users.

(ii) A procedure for:

monitoring user satisfaction and perception; and

for ensuring their legitimate needs and expectations are met.

(iii) Clear, concise and comprehensive guidance and information to users (particularly unrepresented applicants) on the search and examination process, giving details of where it is to be found e.g. link to Authority's web site, guidance literature.

Indicate where and how the Authority makes its quality objectives publicly available for the users.

The Technical Head at each location is the contact person for stakeholders for handling complaints and ~~making corrections~~taking corrective actions.

~~A separate Public Facilitation Centre for ISA/IPEA operations is functioning in IPO for assisting the stakeholders. The stakeholders can lodge complaints/grievances to the officer in charge of the Public Facilitation Centre of ISA/IPEA.~~

CGPDTM holds Stakeholder meetings ~~in every quarter~~periodically ~~at all locations~~ to have face to face interaction with stakeholders and to take suggestions.

The office of CGPDTM initiated "Open House" sessions to address grievances / suggestion on issues related to Intellectual Property Rights in 2022 and it is an online meeting of stakeholders with senior officials held every day for an hour. In the year 2023, a dedicated portal named Open House Portal has been launched for applicants to register their grievances and get resolution in a time bound manner by raising tickets on the Portal.

Manuals and guidelines are published on the official website for reference by users.

21.21 Communication with WIPO and designated and elected Offices:

Describe how the Authority provides for effective communication with the International Bureau and designated and elected offices. In particular describe how the Authority ensures that feedback is promptly evaluated and addressed.

The IPO communicates with WIPO regularly as part of the operations. Communication with WIPO takes place during meetings. Further, interaction with WIPO is made for IT related matters, especially for implementation of data standards, exchange of international reports, use of ePCT etc. Quality related feedback on ISA/IPEA is addressed by the Quality Cell of ISA/IPEA.

~~The Head of ISA/IPEA Division of IPO is responsible for communication with WIPO and Designated/ Elected offices.~~
WIPO circulars and feedback are promptly addressed.

7. DOCUMENTATION

21.22 Explanatory note: The QMS of the Authority needs to be clearly described and implemented so that all processes in the Authority and the resulting products and services can be monitored, controlled, and checked for conformity. This is done by documenting the procedures and processes affecting the quality of work as a reference for staff and management at the Authority (see paragraph 21.23).

(Note: This point is informative. No response is required by the template to paragraph 21.22)

21.23 The material that makes up the reference for staff and management at the Authority serves to document the procedures and processes affecting the quality of work, such as classification, search, examination and related administrative work. In particular, the reference indicates where to find instructions on the procedures to be followed.

For the purposes of this report indicate:

(a) the documents making up the reference that have been prepared and distributed;

(b) the media on which they are supported (e.g. Internal Publication, Internet, Intranet); and

(c) document control measures taken e.g. version numbering, access to latest version.

The working procedures for different tasks are documented and made accessible to employees through the QA portal on the intranet. Document Control measures are taken and the distribution through the portal ensures that all employees have access to the latest version.

~~The documents making up a Quality Manual are distributed. The Quality Assurance Portal on the intranet allows effective communication. Effective communication to staff regarding the importance of quality is done through circulars, meetings, guidelines etc. The quality objectives and review mechanisms are documented and made available internally. Quality aspects are inbuilt in the electronic processing software for processing of applications. Auditing and reporting facilities are also built in the software. Quality audit reports are communicated to all concerned.~~

21.24 Indicate whether the material making up the reference of quality procedures and processes include the following:

(i) the quality policy of the Authority including a clear statement of commitment to the QMS from top management;

(ii) the scope of the QMS, including details of and justification for any exclusions;

(iii) the organizational structure of the Authority and the responsibilities of each of its departments;

(iv) the documented processes carried out in the Authority such as receipt of incoming applications, classification, distribution, search, examination, publication and support processes, and procedures established for the QMS, or references to them;

(v) the resources available for carrying out the processes and implementing the procedures; and

(vi) a description of the interaction between the processes and the procedures of the QMS.

Documentation covering the need, guiding principles, objectives and mechanisms to ensure quality ~~have~~has been circulated.

Quality policy, scope of QMS, organizational structure, and instructions to maintain quality in all processes are communicated to all concerned through circulars, office orders and meetings.

The organizational structure and the responsibilities of each of the divisions are documented.

21.25 Indicate which types of records the Authority maintains, such as:

(i) a definition of which documents are kept and where they are kept;

(ii) results of management review;

(iii) training, skills and experience of personnel;

(iv) evidence of conformity of processes, resulting products and services in terms of quality standards;

(v) results of reviews of requirements relating to products;

(vi) the search and examination processes carried out on each application;

(vii) data allowing individual work to be tracked and traced;

(viii) records of QMS audits;

(ix) actions taken re. non-conforming products, e.g. examples of corrections;

(x) actions taken re. corrective action;

(xi) actions taken re. preventative action; and

(xii) search process documentation as set out in Section 8.

The definition of which documents are kept and where they are kept are documented and ~~kept in the office of CGPDTM~~maintained by the QMS Division. The results of management review are ~~also~~ kept in the records of the office of CGPDTM.

Training, skills and experience of personnel is maintained in the Human Resources Division of the office of CGPDTM.

Evidence of conformity of processes, resulting products and services in terms of quality standards are recorded in the quality review reports of different works. Results of reviews of requirements relating to products are also maintained. This is maintained ~~in~~by the Quality Management Division of office of CGPDTM.

All details regarding search and examination processes carried out on each application as well as data allowing individual work to be tracked and traced are stored automatically as per the electronic processing software for ISA/IPEA operations.

Records of QMS audits, corrections, preventive action etc. are maintained in the Quality Management Division of office of CGPDTM.

Records of corrective actions are maintained by the respective Divisions. Search process documentation is made available is published on the public search portal as part of dossier information.

8. SEARCH PROCESS DOCUMENTATION

21.26 For internal purposes the Authority should document its search process.

The Authority should indicate

(a) which of the following are included in this record:

(i) the databases consulted (patent and non patent literature);

(ii) the keywords, combinations of words and truncations used;

(iii) the language(s) in which the search was carried out;

(iv) the classes and class combinations searched, at least according to the IPC or equivalent;

(v) a listing of all search statements used in the databases consulted.

(b) which other information relevant to the search itself is included in this record e.g. a statement of the subject of search; details of special relevance to internet searching; a record of documents viewed; on-line thesaurus, synonym or concept databases, etc.

(Explanatory note: The IA is requested to list other information it may collect to monitor and improve the search process)

(c) which special cases are documented and whether records are kept denoting any:

(vi) limitation of search and its justification

(vii) lack of clarity of the claims; and

(viii) lack of unity.

The details like databases consulted and search strategy are to be provided for each application by the Examiner as per the workflow of the electronic processing software.

Full Search Process Documentation can be exported from the search databases and IPO as ISA publishes the Search Strategy of Examiners, on the public search portal for national applications since 2023, and on the Patentscope for all international search reports since 1st January 2018.It includes the details like the databases consulted (patent and non-patent literature); the keywords, combinations of words and truncations used; the language(s) in which the search was carried out; the classes and class combinations searched, at least according to the IPC or equivalent; and a listing of all search statements used in the databases consulted.

Limitation of search and its justification; lack of clarity of the claims; and lack of unity are stored in the in-house electronic processing software for ISA/IPEA operations.

9. INTERNAL REVIEW

21.27 Explanatory note: The Authority should report on its own internal review arrangements. These reviews determine the extent to which it has established a QMS based on the model of Chapter 21 and the extent to which it is complying with the QMS requirements and the Search and Examination Guidelines. The reviews should be objective and transparent to demonstrate whether or not those requirements and guidelines are being applied consistently and effectively and should be undertaken at least once a year. With reference to point 21.08 of this template, the Authority may provide additional information on its internal review arrangements under this section if it so wishes.

21.28-21.30 These arrangements are reported according to this template in Section 1, above, at points 21.04 - 21.09. The Authority may provide additional information on further inputs to its internal reviews under this section, if it so wishes.

The QMS is reviewed internally by the CGPDTM for compliance and effectiveness. ~~Quality Management Committee conducts annual review meeting chaired by CGPDTM to review the compliance and adequacy of the QMS.~~

10. ARRANGEMENTS FOR AUTHORITIES TO REPORT TO THE MIA

21.31 There are two stages in the reporting arrangements outlined in Chapter 21: the initial report called for by paragraph 21.31(a), and annual reports in accordance with paragraph 21.31(b). Authorities should submit each report in the form of a full report, making the differences from the previous year's report clear, for example using "track changes" or other form of highlighting.

This is the report called for by paragraph 21.29 for the year ~~2024~~2025.

[End of document]