BEAM TIME REQUEST FOR LOW ENERGY ION BEAM FACILITY (For reference purpose only, not for submission)

INTER-UNIVERSITY ACCELERATOR CENTRE (Accelerator Based Research Centre of UGC)

| l No. | | A U C | (to | be filled by IUAC | |
|-------|------------------------------------|-------------|------------------------|----------------------|--|
| 1. | TITLE OF THE EXPERIMENT: | | | | |
| 2. | PRINCIPAL INVE | STIGATOR: | | | |
| | Name | | | | |
| | Designation | | | | |
| | Affiliation (Institute/University) | | | _ | |
| | Mailing Address | | | | |
| | PIN Code | | | | |
| | Telephone | (| Office) | (Residence) | |
| | Mobile No. | | | | |
| 3(a) | E-mail Address COLLABORATO | 28 | Fa | Х | |
| Sr.No | Name | Affiliation | Contact Phone No. , Fa | ax No. & E-Mail Addı | |
| | | | , | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | GOLL I DOT I TOTAL | TROM HILE | | | |
| 3(b) | COLLABORATORS | FROM IUAC | | | |
| Sr.No | Name | Designation | Contact Phone No. & | E-Mail Address | |
| | | | | | |
| | | | | | |
| | | | | | |

^{*} Names to be included with consent.

4. BRIEF BIO-DATA OF P.I. (Please attach as per the format given)

5. BEAM REQUIREMENTS:

| Ion species (with Mass no.) | Energy (keV) | | Current (μA) | | Charge state (if relevant) |
|--------------------------------|--------------|------|--------------|------|----------------------------|
| | Min. | Max. | Min. | Max. | |
| | | | | | |
| | | | | | |

6. ACCESS-TIME REQUIRED IN HOURS (with justification)

| | Prior to run | After the run |
|------------------------------------|--------------|---------------|
| For the Beam Line | | |
| For the Data Acquisition System | | |

7. TARGET/SAMPLE DETAILS

| Material | Thickness (µg/cm ²) | Backing (if any) | | Any special property |
|----------|---------------------------------|------------------|-----------|-----------------------------|
| | | Material | Thickness | e.g. Hygroscopic,Toxic etc. |
| | | | | |
| | | | | |
| | | | | |

Note:

- 1) Users are requested to bring their targets properly mounted on standard target frames or on standard strip to be fixed on the ladder. Please make sure that no material is to be used which can outgas. Any residual radio-activity associated with the targets after irradiation should be thoroughly checked in consultation with the health physics group at IUAC.
- 2) If targets are to be prepared at IUAC, user must write to Convenor AUC well in advance, to book target laboratory time and prepare the targets himself/herself at IUAC. Consultation will be provided to prepare targets.

8 (a). TOTAL NUMBER OF SHIFTS REQUIRED FOR COMPLETION OF THE EXPERIMENT (1 SHIFT = 8 HRS.):

Note: Shift allotment will be done <u>only for the first run</u> if the proposal is accepted. For sanctioning of subsequent runs, progress report is to be submitted to AUC following the first run. Subsequent run sanction is subject to AUC review.

8 (b). No. of runs proposed in the run

OFFLINE / ONLINE/INSITU MEASUREMENTS PLANNED WITH JUSTIFICATION FOR THE BEAM SELECTION AND NO. OF SHIFTS ASKED (Kindly Justify the requirement of 8(a) & 8 (b) in Annexure I)

- 9. SCIENTIFIC MOTIVATION FOR THE BEAM TIME REQUEST: Kindly limit your description to maximum of 200 words of text only. (Annexure II)
- 10. IMPORTANCE OF THE PROPOSED EXPERIMENT IN THE CONTEXT OF INTERNATIONAL STATUS. Kindly Limit your description to maximum of 200 words only. A list of most recent publications in journal in the field relevant to the project must be submitted.

 (Annexure III)

| 11(a). Name and Affil | liation of | the theoretical physicist(s) as | sociated with this proposal (If any): |
|----------------------------------|-------------|---|--|
| | | / calculations in support of the 00 words only) (If any) | ne experimental ideas : |
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| 10 IE FILEDE IG | DI D (| | |
| | | TUDENT INVOLVED IN T ORMATION IS REQUIRED: | |
| A)Name of the Student | | | |
| Research Field | | | |
| Has he/she cleared NET/GATE | Yes / No | Year of clearing NET/Gate Score: | |
| Fellowship details | Yes / | Project & Amount | |
| B) Mailing Address | No | | |
| b) Maning Address | | | |
| Fa | ax: | Phone: | E-mail: |
| C)Ph.D. Registration D | etails | | |
| Date of Registration | | | |
| Department | | | |
| University D)Ph.D. Supervisor(s) | | | |
| Name / | | | |
| Designation | | | |
| Department University / | | | |
| Institution | | | |
| Mailing | | | |
| Address : Fax No. | | | |
| Mobile / Phone | | | |
| No. | | | |

| 13. | | Bio-data of Principal Investigator | | | | | |
|--|--------------------------|------------------------------------|-------|----|-----|-------------------------------|--|
| Name Designat Affiliation : | tion | | | | | | |
| Past Affiliation(s): If any | | | | | | | |
| Contacnt Nos | : | | | | | | |
| E-mail ID: | | | | | | | |
| Date of Birth: | | | | | | | |
| Category (kindly | y X the box): | General | SC | ST | ОВС | Others | |
| Academic Qual | lifications : | | | | | | |
| Brief Research Experience : | | | | | | | |
| List of previous Projects / Beam Times at IUAC (if any): | | | | | | | |
| AUC No. | Sanctioned Year/Month | | Title | 2 | con | Status: npleted or running | |
| | | | | | | | |

Date

 $Signature \ (\ Student\)$

Signature (Supervisor)