

* Names to be included with consent.

4. BUDGET PROJECTION

	Year I	Year II	Year III	Total
Research Fellow				
Contingency/ Consumables				
Total				

Note: For travel AUC allots a certain amount every year and TA/DA is paid by IUAC.

5. Details of financial requirements: (Description of contingency/consumables etc along with itemized cost to be given on separate sheet with appropriate justification).

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

7. Organization / authority responsible for the disbursement of the funds.

8. Forwarding Authority of the University:-

Note: REGARDING UTILIZATION CERTIFICATE ETC. UGC GUIDELINES ARE FOLLOWED

Name _____ Designation _____ Signature with date (Stamped) _____

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9. TOTAL NUMBER OF SHIFTS REQUIRED FOR COMPLETION OF THE EXPERIMENT (1 SHIFT = 8 HRS.): (Justify the requirement in the annexures)

Note: Shift allotment will be done only for the first run if the proposal is accepted. For sanctioning of subsequent runs, form BTR-4 is to be submitted to AUC following the first run. Subsequent run sanction is subject to AUC review.

No. of runs proposed _____ No. of shifts proposed in each run _____
 (I Run) (II Run) (III Run)

10. BEAM REQUIREMENTS (Only for the first run : Normally one type of ion in one run, but for more than one ion species, requirement is to be given in order, changes are not possible later)

Ion species (with Mass no.)	Energy (MeV)		Current (pnA)		DC/Pulsed	Charge state (if relevant)
	Min.	Max.	Min.	Max.		

11. (A) **BEAM LINE TO BE USED** (please tick the appropriate one) :
 BIO LIBR HIRA MAT.SC. GDA GPSC

11. (B) **ACCESS-TIME NEEDED IN HOURS** (with justification)

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

12. TARGET / SAMPLE DETAILS

Material	Thickness ($\mu\text{g}/\text{cm}^2$)	Backing (if any)		Any special property e.g. hygroscopic, toxic etc.
		Material	Thickness	

Note :

- 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.
- 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.

13. ONLINE/INSITU MEASUREMENTS PLANNED WITH JUSTIFICATION FOR THE BEAM SELECTION AND NO. OF SHIFTS ASKED

(include also a brief description of any offline studies planned and place of offline studies).

Limit your description to **maximum of 200 words** of text. (Annexure I)

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14. SCIENTIFIC MOTIVATION:

Limit your description to **maximum of 200 words** of text only. (Annexure II)

15. IMPORTANCE OF THE PROPOSED EXPERIMENT IN THE CONTEXT OF THE INTERNATIONAL STATUS.

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)

Note: Use annexure for figures/tables/references for items 13, 14 & 15 above.

16A. Name and Affiliation of the theoretical physicist(s) associated with this proposal :

16B. Theoretical simulations / calculations in support of the experimental ideas :
 (Limit to maximum of 100 words only)

17. Have you used the IUAC Pelletron before?

If yes, when? _____ Which beam(s)? _____.

Publications, if any from the project :

18. Signatures of principal Investigator and all co-investigators :

Co-investigators: 1. _____
 2. _____
 3. _____

Date:

Signature (Principal Investigator)

E-Mail to : academic@iuac.res.in

Send hard copy to : The Convenor, AUC, Inter-University Accelerator Centre,
 Post Box No.10502, Aruna Asaf Ali Marg, New Delhi 110 067, India
 [Phone: 26893955 / 26892601, Fax (91-11)-26893666]

Last date for submission : May 31 for July AUC // Nov. 10 for Dec. AUC

Bio-data of Principal Investigator

**Name Designation
Affiliation :**

**Past
Affiliation(s) :**

Date of Birth :

Contact No:-

E-Mail ID:-

**Category
(kindly X the box):**

General SC ST OBC Others

**Academic
Qualifications :**

List of previous Projects / Beam Times at IUAC (if any) :

AUC No.	Sanctioned Year/Month	Title	Status: completed or running

**Brief Research
Experiences :**

Signature of PI

19. Brief summary of all the projects (Completed / Continuing) by using IUAC facilities.



(Additional sheet may be added, if required.)

Signature of PI