

BEAM TIME REQUEST FOR LOW ENERGY ION BEAM FACILITY

[The details of Low Energy Facility (LEIBF) are available at <http://www.iuac.res.in/accel/leibf/index.html>]

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

Proposal No.

A U C (to be filled by IUAC)

1. TITLE OF THE EXPERIMENT: _____

2. PRINCIPAL INVESTIGATOR:

Name _____
Designation _____
Affiliation _____
(Institute/University)
Mailing Address _____

PIN Code _____
Telephone _____(Office) _____(Residence)
Mobile No. _____
E-mail Address _____ Fax _____

3(a) COLLABORATORS

Sr.No	Name	Affiliation	Contact Phone No. , Fax No. & E-Mail Address

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

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 only for the first run 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 No. of shifts 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 Affiliation of the theoretical physicist(s) associated with this proposal (If any) :

11(b). Theoretical simulations / calculations in support of the experimental ideas :
(Limit to maximum of 100 words only) (If any)

**12. IF THERE IS A Ph.D STUDENT INVOLVED IN THE EXPERIMENT,
THE FOLLOWING INFORMATION 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 /
No

Project & Amount

B) Mailing Address _____

Fax: _____

Phone: _____

E-mail: _____

C)Ph.D. Registration Details

Date of

Registration _____

Department _____

University _____

D)Ph.D. Supervisor(s)

Name /

Designation _____

Department _____

University /

Institution _____

Mailing

Address : _____

Fax No. _____

Mobile / Phone

No. _____

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

13.

Bio-data of Principal Investigator

**Name Designation
Affiliation :**

**Past
Affiliation(s) :**
If any

Contact Nos:

E-mail ID:

Date of Birth :

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

General

SC

ST

OBC

Others

**Academic
Qualifications :**

**Brief Research
Experience :**

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

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

Date

Signature (Student)

Signature (Supervisor)