

Pelletron Linac Accelerator Facility
 BARC – TIFR

Beam Time Requisition Form

Beam Schedule No.		Date	
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Name of Principal Investigator (PI)	Institution	Tel No.	eMail Address
Name of Local Collaborator*			

*Local Collaborators name should be specified by outstation PI

Name(s) of Group Members (except PI)

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Title of Experiment

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Motivation / Description of Experiment (Add separate sheets, if required)

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Beam Time Requirement (in number of shifts)	
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Beam Specifications

Beam	Mass No.	Charge State	Energy, MeV	Port	Buncher Required <Y/N>	Gas Stripper Required <Y/N>	Special Requirement

Port: 30N, 15N, 0D, 30S, 6M, H1-15, H1-30, H1-45, H2-15, H2-30, H2-45

Whether the experiment is part of PhD work <Y/N>

Whether the experiment is part of Post-Doc work <Y/N>

Details of Beam time availed of in recent past on this experiment and / or by the PI

Date From	Date To	Status of Experimental Data	Remarks

Details of papers published / presented in journals / symposia, etc based on recent experiments

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Non-Preferred periods (when beam cannot be taken)

Date From	Date To

OR

Preferred period (only when beam can be taken)

Date From	Date To

Guest House Requirement

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Name of Spokesperson

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Phone No.

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