## Government of India Department of Atomic Energy Variable Energy Cyclotron Centre

## PROPOSAL FOR EXPERIMENT WITH VEC

Send to: beam\_time @ vecc.gov.in

1.	Title of the Experiment :		
2.	Spokesperson	:	
	Designation	:	
	Address	:	
	Telephone	:	
	E-mail	:	
	Fax	:	

- 3. Name of Collaborators (Name, designation and affiliation):
- A. Local Principal Collaborator from VECC: (with consent)

Name & Designation	Group/Division	E-mail Address

## B. Other collaborators:

Name & Designation	Affiliation	E-mail Address

4.	Give the name of the Ph. D. student, if any.
5.	Beam Requirements (Only one type of ion in a run) a) Ion species :
	b) Energy Range :
	c) Current Range :
	d) Preferred Beam –line: Beam line 1 (irradiation expt.), Beam line 2 (expt. in scattering chamber), Beam line 3 (expt. using high/ low energy gamma detectors, neutron detectors etc.)
6.	Total no. of shifts required for completion of the Experiment :
	Setting up & calibration time needed:
7.	Target Details :

8.	Scientific Motivation (250 words) highlighting the imperperiment in the light of existing data in the literature. references (attached separate sheet if required).	
9.	Brief outline of the proposed experiment ( 100 words )	:
10.	. Readiness for the beam time:	
Da	nte : Name	Signature of the Spokesperson