Government of India

 Department of Atomic Energy

Variable Energy Cyclotron Centre

1/AF Bidhan Nagar,

Kolkata-700064

**PROFORMA for BEAM TIME REQUEST**

**Proposal for experiment using ion beams from K500 Super Conducting Cyclotron (SCC) / Medical Cyclotron Facility (MCF)/ K130 Room Temperature Cyclotron (RTC) / Radioactive Ion Beam (RIB)/** **stable isotope heavy-ion beam (SIB) facility**

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

Date:

1. **Title of the experiment:**
2. **Spokesperson:**

Designation :

 Address:

Telephone :

E-mail :

Fax

1. **Name of Collaborators (Name, designation and affiliation ) :**
2. Local Principal Collaborator from VECC: (with consent)

|  |  |  |
| --- | --- | --- |
| Name & Designation | Group/Division | E-mail Address |
|  |  |  |

B. Other collaborators: (Include additional rows if required)

|  |  |  |
| --- | --- | --- |
| Name & Designation | Affiliation | E-mail Address |
|  |  |  |
|  |  |  |
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1. **Give the name of the Ph. D. student or Post-Doc Fellow if any.**

 a. Whether the experiment is part of PhD work (Y/N)

 b. Whether the experiment is part of Post-Doc work (Y/N)

1. **Beam Requirements (only one type of ion in a run)**

a) Ion species :

b) Energy Range :

c) Current Range :

d) Preferred Beam – line :

RTC (channel1/2/3/4) / SCC (channel1) / MCF (material science beam-line)/ RIB/SIB

* **K130 Room Temperature Cyclotron (RTC):** Channel-1 (irradiation expt.), Channel-2 (expt. in scattering chamber), Channel- 3 (expt. using high/ low energy gamma detectors, neutron detectors etc.)
* **K500 Super Conducting Cyclotron (SCC):**Channel-1 (irradiation expt.; expt. in scattering chamber)
* **Radioactive Ion Beam (RIB) facility:** Low energy beam line/ high energy beam line (online expt. with **RIB** will be in Channel-4 of K130 cyclotron, offline expt. with stable isotope heavy-ion beam **(SIB)** will be in standalone RIB facility)
* **Material Science beam line (MSBL) at Medical Cyclotron Facility:** Irradiation experiments using proton beam and in-house developed target holder in the **MSBL**.

For any query related to the above, you may contact beam\_time@vecc.gov.in

1. **Total no. of shifts required:**

For completion of the Experiment:

Setting up & calibration time needed:

1. **Target detail & readiness**
2. **Scientific Motivation (about one page write up) highlighting the importance of the proposed experiment in the light of existing data in the literature. Give a few most recent references (attached separate sheet if required).**
3. **Brief outline of the proposed experiment (max. one page):**
4. **Readiness for the beam time:**
5. **Summary:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of the User**  | **Title of the Experiment**  |  | **Beam**  |  | **Beam –line****K130 RTC Ch 1/2/3/4****K500 SCC Ch 1****RIB /SIB****MSBL MCF** | **Local Expt Coordinator**  |
| Ion Species | Energy | Current |
|  |  |  |  |  |  |  |

Date: Signature Name of the Spokesperson

Signature

 Name of the competent Authority\*

\*Competent Authority (signature not required): Responsible official (for In-house user)

Head of the Department /Division (for colleges & Universities & external institutes)