Femtosecond Laser Laboratory
CENTER FOR LASERS AND PHOTONICS
Indian Institute of Technology Kanpur

Facility to be used: Femtosecond laser [ ] Micromachining [ ] Any other equipment [ ]
(tick one)

Femtosecond laser:
Details: ____________________________________________________________________
Energy range: ____________________________________________________________________
Wavelength: ____________________________________________________________________
Brief description of experiment: ____________________________________________________________________

Approximate number of 2-hour slots required: ____________________________________________________________________
Timing: 10-12 / 3-5
Convenient day: M / Tu / W / Th

Micromachining:
Details: ____________________________________________________________________
Energy range: ____________________________________________________________________
Area for patterning: ____________________________________________________________________
Wavelength: 775nm
Brief description of experiment: (mention the substrate, the complexity etc)

Approximate number of 2-hour slots required: ____________________________________________________________________
Timing: 10-12 / 3-5
Convenient day: M / Tu / W / Th

Any other facility: (Give details)

Name of the user: ___________________________ E-mail: ___________________________
Phone: __________ Date: __________
Supervisor’s Name: ___________________________

Kindly transfer the measurement charges to the Femtosecond Laser Lab. Project no. IITK /PHY /20140160.

Signature of supervisor ___________________________ Project account no. ___________________________
Signature of HOD ___________________________
(if payment is through the department)

For lab use

Job no.
Date for job:
Operator’s name:
Operator’s signature: ___________________________ User’s signature: ___________________________

Charges are Rs. 1,000 for a 2-hour slot. This may be revised from time to time.