

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) (please specify)

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.