

JOB REQUISITION FORM FOR TABLE TOP LITHOGRAPHY – MICROWRITER ML3 SYSTEM

Name:		Designation:	
Address: (Institution / Department)		Contact No: E – mail:	
Supervisor if applicable:		Contact No: E – mail:	
Billing address :			
Internal (PSG) / External / Industry			
If mask drawing support required: Yes / NO		No. of layers:	
Sample details		No. of samples:	No. of layers:
Sample No.	Layer details	Remarks any	
<p>This work is part of the research activity of the department / center. No remuneration or compensation is received from any agency. Further, it is certified that the sample(s) do not pose a health risk.</p>			
Signature of Researcher			
Date:	Signature of Head of the Department / Institution		
Signature of Faculty in charge			
Remarks			
<i>Approval</i>			
Director, PSG IAS			
For Office use only			
Ref. No. -		Date and time allotted	
Job completed on Date		Remarks by Technical staff	