|  |  |  |  |
| --- | --- | --- | --- |
| Requestor name |  | Supervisor name |  |
| Requestor email |  | Supervisor email |  |
| Department |  | Requestor status  (MTech/PhD/PostDoc/Project staff) |  |
| Request submission date |  | Expected delivery date |  |

Process request description: (briefly explain your requirement):

|  |  |  |  |
| --- | --- | --- | --- |
| Specifications  *(if you are not clear about some spec. please contact the process engineer.)* | \*User request | \*User remark | \*\*NNfC Acceptance(Y/N) |
| **Purpose of lithography (dry etch/ lift-off/direct patterning/others)** |  |  |  |
| **Etch depth (if etch)** |  |  |  |
| **Metal thickness (if lift-off)** |  |  |  |
| **Photomask type (Bright/Dark field)** |  |  |  |
| **Mask Size** |  |  |  |
| **Minimum feature on the photomask** |  |  |  |
| **Type of filter** |  |  |  |
| **Photoresist tone** |  |  |  |
| **Photoresist thickness** |  |  |  |
| **Sample size (x mm samples, 4”, 3”, 2” wafers.....)** |  |  |  |
| **Developer preference (Alkaline)** |  |  |  |

Process references, if any: (If you have already done a literature survey and would like to replicate a similar experiment or if it provides an insight into your specifications, please provide the link here).

***\*Note to Requestor****: Please fill out all the relevant columns in the below table. If you do not have a particular specification, please enter “NA” (not applicable).*

***\*\*Note to NNfC staff****: The NNfC remark column should be filled out by the relevant FT, working on the request. It should reflect whether you can meet the User requirement or not (“YES” or “NO”).*

**NNfC staff use (*All columns should be filled up, appropriately*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Request attended by  (with email) |  | | | |
| Technology manager  (with email) |  | | | |
| Process request received on |  | | | |
| Request feasible | Yes/No | Tracking no. | | |
| If No, please give detailed response |  | | | |
| Tool |  | | | |
| Request start date |  | | | |
| Request delivery date | Proposed | | Revision 1 | Revision 2 |
|  | |  |  |
| **Request Closure** | | | | |
| Are the user spec/requirements met? | Yes/No | *If YES, provide the report with data and clear conclusion.* | | |
| *If NO, please explain why it could not be met.* | | |
| ***Note: The closure report should adhere to the attached format. Else, it will be rejected.*** | | | | |
| Request closure date |  | | | |
| Closure report location | NNFC Repository*(do not delete)* | | | |
| Report can be made public after closure (requestor consent required) | Yes/No | | | |
| If No, please provide date by when it can be made public and the reference paper after publication. |  | | | |

**CLOSURE REPORT*(please use more pages, if required)***

1. **Experimental Details:**
2. **Comparison table wrt user requirements:**
3. **Data Analysis:**
4. **Conclusion:**
5. **Acknowledgement:**
6. **Acceptance:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Accepted(Yes or No)** | **Date of acceptance** |
| **Facility Technologist** |  |  |
| **Technology Manager** |  |  |
| **PR NNfC team** |  |  |
|  |  |  |
|  |  |  |