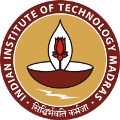
**Centre of NEMS and Nanophotonics, IIT Madras**



Mask Writing Requisition Form

|  |  |
| --- | --- |
| Name |  |
| Roll No. / Employment Id |  |
| Size of the mask layout |  |
| Minimum feature size |  |
| Type of Mask (Dark/Bright Field) |  |
| Mask #  (in case of multiple lithography steps) |  |

*Device Description (to be fabricated):*

|  |
| --- |
|  |

Signature of guide Date:

Signature of faculty-in-charge Date:

*Operator's comments & signature with dates (after fabrication):*

|  |
| --- |
|  |

Mask Inventory No: