

# **INDIAN CENTRE FOR SPACE PHYSICS**

## **IONOSPHERIC & EARTHQUAKE RESEARCH CENTRE AND OPTICAL OBSERVATORY**

*Sitapur, West Midnapur*

### **Proposal form for optical observation**

General Information	Name & Designation :  Proposal type (Short/ Long/Others) :
Proposal Title	
Principle Investigator Name & Address	
Time Period/ hours Requested	
Scheduling Request [Tick the appropriate]	<input type="checkbox"/> Dark Time (within 3 nights of the new moon) <input type="checkbox"/> Bright Time (within 3 nights of the full moon) <input type="checkbox"/> Grey Time (remaining part of the lunar cycle)
Name & Address of Co- PI [if any]	
Name of persons present for observation	
Observing Mode [Tick the appropriate]	<input type="checkbox"/> 1) Photometric <input type="checkbox"/> 2) Spectrometry <input type="checkbox"/> 3) Both
Preferred Dates [ if any ]	
Impossible Dates [ if any ]	

Preferred Telescope with justifications	<input type="checkbox"/> 1) Vasistha <input type="checkbox"/> 2) Arundhati
Target list in order of preference with justifications	
Abstract [minimum 200 words] :	

Date :

\_\_\_\_\_  
Signature

Recommended by :