**SEMI-CONDUCTOR LABORATORY**

**DOCUMENT CONTROL CELL**

**REQUISITION FOR SILICON NUMBER**

 **(For Designs of Chips to Startup Participants)**

Requisition No. \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

1. Institution/Startup Name : ………………………………………...

2. Focal Person Name from Academia/Startup : ……………………………………..….

3. Contact Details

a. E Mail. ID : ……………………………………..….

b. Contact number: ……………………………………..….

4. No. of Design Submissions : …………………………………..…….

Originator’s sign:

Name: HoD’s sign :

 Designation: Name :

 Division:

 **Other details required for Silicon No. Generation**

1. FABRICATION SITE (FIELD 1) : ……………………………………..….

2. PROCESS CATEGORY (FIELD 2) : …………………………………..…….

3. SUB-PROCESS CATEGORY (FIELD3&4) : …………………………………..…….

4. VERSION (FIELD 8) : ………………………………….…….

5. DESIGN HOUSE (FIELD 9) : ………………………………….…….

6. NUMBER OF TEST MODULES : …………………………………..…….

\* Please refer Silicon numbering table to fill this form.

**FOR SCL USE ONLY**

1. Silicon Number issued :

|  |
| --- |
| DCC signature :\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved By:\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_  |