**ACARR Instrument Data Request Form   
for Outside University Institutes/Organisations/Companies**

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| --- | --- | --- | --- |
| *No: ACARR/STR/2022-23/DRQ/* | | | *Date:* |
| 1. | Collaborating Institute Name: |  | |
| 2. | Head of Department/Principal: |  | |
| 3. | Lecturer/Scientist/Professor Name |  | |
| 4. | Area/Subject of Study: |  | |
| 5. | Height of Interest: (km) |  | |
| 6. | Wind Velocity Required:(m/s) |  | |
| 7. | Date of Experiment/Campaign: |  | |
| 8. | Whether have an MoU with ACARR : |  | |
| 9. | If not entered in MoU are you interested in starting an MoU with ACARR |  | |
| 10. | Schedule of Experiment:(Days) |  | |
| *\*additional Requirements/Comments on the data set required* | | | |

*(Signature of Person Requesting Data) (HoD/ Principal Signature)*

Name : Name :

Designation : Designation :

*\*(with Office Seal)*