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PARTICLE SIZER

APPLICATION FORM

Applicant's Name :				Supervisor's Name :
Staff/Student No :				-
Telephone No.:				Billing Address :
	Programme Code :			
E-mail:				
D. D.				
PART	B: SAMPLE INFOR	RMATION		
Date:				<u> </u>
Addit	tional Info :			
No.		Sample		
140.		ID		
1				
2				
3				
PART	C : DECLARATION	N		
	5	_		plication are true. We also agree and understand that any
dam	aged to the machine	e due to any fals	ification of this inf	formation will be our responsibility.
App	licant's Signature :			Supervisor's Signature :
PART	D : FOR OFFICE US	SE ONLY		PART E: TERMS & CONDITIONS
Appli	cation Status:	Approved	Not Approved	1. Please submit the completed application form to NANO-SciTech
] L		Centre. 2. Please contact NANO-SciTech Centre pertaining to the
Signature and Stamp:				approval of the application.
				3. Please make sure that the workplace is in good condition before you leave the laboratories
Date Completed :				4. Any damages or accidents must be reported immediately to the
				authority officer.Maximum of 3 samples only are allowed for each application.
TOTAL CHARGE (RM):				6. Please use CD to copy you data from the computer. Any USB
UiTM: RM 50.00 / Sample —————				drivers are not allowed to be used.

Non UiTM: RM 150.00 / Sample