

HRTEM BOOKING FORM

A) APPLICANT'S INFORMATION									
NAME					STUDENT ID/ STAFF ID (UiTM APPLICANT)				
TEL. NO (DIRECTLINE, H/P)					EMAIL				
UNIVERSITY/FACULTY/ COMPANY ADDRESS									
STATUS	<input type="checkbox"/> MASTER STUDENT <input type="checkbox"/> PHD STUDENT <input type="checkbox"/> RESEARCHER <input type="checkbox"/> INDUSTRY <input type="checkbox"/> OTHERS								
B) SUPERVISOR'S INFORMATION (UNIVERSITY'S APPLICANT ONLY)									
NAME					STAFF ID (UiTM APPLICANT)				
TEL. NO (DIRECTLINE, H/P)					EMAIL				
SUPERVISOR'S SIGNATURE & OFFICIAL STAMP					GRANT NO				
C) SAMPLE INFORMATION									
NO.	SAMPLE ID	CHEMICAL FORMULA	HAZARDOUS	TOXIC	CORROSIVE	NON-HAZARDOUS, NON-TOXIC & NON-CORROSIVE	OTHER INFORMATION		
			(TICK WHICH IS APPLICABLE)						
For measurements please give additional details (if any):									
Experiment									
TEM MEASUREMENT	UiTM	(✓)	IPTA	(✓)	IPTS	(✓)	INDUSTRY	(✓)	
IMAGING (3 IMAGES, UP TO 100K)	600		800		850		900		
HRTEM (3 IMAGES, UP TO 800K)	1,200		1,400		1,600		1,800		
STEM/EDX(3 SPOT- 3 PARTICLES)	1,800		2,000		2,200		2,800		
ELECTRON DIFFRACTION	2,200		2,400		2,600		3,000		
Declaration I/we hereby declared that the materials to be used with the machines/equipment have the PHYSICAL AND CHEMICAL property(s) as mentioned below. I and my supervisor will be held fully responsible for the damaged to the machine due to false declaration(s). I/we hereby acknowledge and agree with the charge of HRTEM analysis imposed by CFMN, Institute of Science, UiTM.I/we will held the responsibility if the bursary fail to deduct from the research grant declared. For any decline or refused charge from the declared grant, the supervisor will be held the responsible for the settlement charge.									
Applicant's Signature:					Date:				
_____					_____				

