



INSTITUTE OF MARINE BIOTECHNOLOGY
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APPLICATION FORM FOR LABORATORY ACCESS AFTER OFFICE HOURS

Details of applicant:

Name : _____ IC/Passport No. : _____

Matrix No. : _____ Phone No : _____

Program : PhD MSc. Others : _____

Field of Study : _____

Faculty/Institute/Department : _____

Laboratory:

<input type="checkbox"/> Genomic and Proteomic	<input type="checkbox"/> Marine Microbiology
<input type="checkbox"/> Natural Product	<input type="checkbox"/> Histology
<input type="checkbox"/> Plant Tissue Culture	<input type="checkbox"/> Wet/Preparation Laboratory
<input type="checkbox"/> Animal Tissue Culture	

Date (from) : _____ Date (till) : _____

Time (from) : _____ Time (till) : _____

I HEREBY UNDERSTAND AND DECLARE TO FOLLOW ALL THE RULES APPLIED FOR THE LABORATORY AND IN TERMS OF CLEANLINESS AND THE SAFETY OF THE FACILITIES. I WILL BE RESPONSIBLE FOR THE FAULTY AND DAMAGES OF THE FACILITIES.

Signature of applicant:

Support by Supervisor/Lecturer:

Date :

Name/Stamp:
Date:

For Office Use Only:

Approved by

Science Officer:

Name/Stamp:
Date:

*To be filled in two (2) copy (Applicant & Safety Unit)
*Please inform Sc. Officer/Lab. Asst./Safety Unit incase of emergency