



INSTITUTE OF CLIMATE ADAPTATION AND MARINE BIOTECHNOLOGY UNIVERSITI MALAYSIA TERENGGANU 21030 KUALA NERUS, TERENGGANU Phone: +609-6683661, Fax: +609-6683105	
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PERMOHONAN PENGGUNAAN PENERING BEKU/ FREEZE DRYER APPLICATION FORM

Nama Pemohon (Applicant's Name)		No. Telefon (Phone. No.)	
Institusi/ Institution		ID Pelajar Student ID	
E-mail Pemohon (Applicant's e-mail)			
Kategori/ Category	() Industry () UMT PhD/MSc () ICAMB Student () UMT Undergrad () Other (please specify):		
Nama Penyelia/Pensyarah: (Supervisor's Name)			
No. Telefon Penyelia (Supervisor's Phone. No.)			
Institusi Penyelia (Supervisor's Institution)			
Kaedah Bayaran/ Mode of Payment	<input type="checkbox"/> Bank Transfer <input type="checkbox"/> Potongan Vot Penyelidikan No. Vot Penyelidikan (Research Vot. No.): <input style="width: 100px;" type="text"/> <i>*Sila lampirkan salinan Pembayaran (Please attach a copy of the Payment)</i>		

No	Label sampel / Sample label	Bilangan atau berat sample/ Quantity Of sample	Keterangan sample/ Sample Description

Tandatangan pemohon,
Signature of applicant:

Disokong oleh, (penyelia/pensyarah) :
Approved by Supervisor/Lecturer:

 Nama /Name:
 Tarikh/Date :

 Name dan cop/ Name and stamp:
 Tarikh/ Date:

Kegunaan pejabat sahaja/ Office Use Only

Kenyataan Sampel/ Details of samples

Tarikh Hantar Sampel/ Date of received	Tarikh Proses Sampel/ Date of sample processed :	Tarikh sampel lengkap diproses/ Date of Completion

Diterima dan diproses oleh / Accepted and process by Maklumat peralatan/ Detail of Instrument () Labconco () Eyela () Virtis 1 () Virtis 2	Science Officer/ Assistant Science Officer: Name/Stamp: Tarikh/Date:
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**Please Contact Person In Charge For Every Equipment/ Services Needed, to get Your Slot and Date*