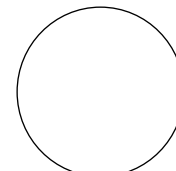




**INSTITUTE OF CLIMATE ADAPTATION AND  
MARINE BIOTECHNOLOGY**  
**UNIVERSITI MALAYSIA TERENGGANU**  
**21030 KUALA NERUS, TERENGGANU**  
Phone: +609-6683661, Fax: +609-6683105



**PERMOHONAN PENGGUNAAN PENERING BEKU/ FREEZE DRYER APPLICATION FORM**

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

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

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/ <b>Date of received</b>	Tarikh Proses Sampel/ <b>Date of sample processed :</b>	Tarikh sampel lengkap diproses/ <b>Date of Completion</b>

<b>Diterima dan diproses oleh / Accepted and process by</b>  Maklumat peralatan/ Detail of Instrument <input type="checkbox"/> Labconco <input type="checkbox"/> Eyela <input type="checkbox"/> Virtis 1 <input type="checkbox"/> Virtis 2	Science Officer/ Assistant Science Officer:  Name/Stamp: Tarikh/Date:
---	--