

APPLICATION FORM: DNA ELECTROPHORESIS

CHARGE RATE

UiTM Rate

- a) RM150/ semester b) RM33/slot

Others Rate

- a) RM43/slot

Customer Information

Name of applicant : Date:.....

Full Address:

.....

Contact Number : Email Address :

Application Detail

UiTM Rate

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a)RM150 / semester
Please specify=

☐

b) RM33/slot
Please specify=

Others Rate

☐

a) RM43/slot
Please specify =

Declaration

I hereby declare that the activities carried out at the IMMB facilities are safe and appropriate for the space provided. I understand that any false or incomplete declaration may lead to damage or safety risks, and I will bear full responsibility for any consequences, including damage to facilities or equipment. I also agree to follow all lab rules, safety procedures, and housekeeping responsibilities when using the IMMB facilities or space.

Total Charge (RM) :

Signature of applicant :.....

For Office Use Only

Officer in Charge : Date In:.....

☐

Accepted

☐

Rejected

Comments :