INSTITUTE OF MEDICAL MOLECULAR & BIOTECHNOLOGY (IMMB),
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Contact Person: Pn.Salina Othman (Senior Assistant Science Officer)
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APPLICATION FORM: FLUORESCENCE MICROSCOPE WITH IMAGING SYSTEM

CHARGE RATE

UiTM Rate
a) RM500/semester b) RM45/hour c) RM162/slot/ 4 hours d) RM288/slot/8 hours

Others Rate
a) RM55/hour b) RM2121/slot/ hours c) RM477/slot/ 8 hours

Customer Information

Name of applicant : ..... Date:.....

Full Address: .....

.....

Contact Number :..... Email Address : .....

Application Detail

UiTM Rate

☐ RM500/semester
Specify your duration = ...

☐ RM45/hour
Specify your duration = ...

☐ RM162/slot/ 4 hours
Specify your number of slot = ...

☐ RM28/slot/8 hours
Specify your number of slot = ...

Others Rate

☐ RM55/hour
Specify your duration = ...

☐ RM212/slot/ hours
Specify your number of slot = ...

☐ RM7/slot/ 88 hours
Specify your number of slot = ...

☐ RM28/slot/8 hours
Specify your number of slot = ...

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 : .....