INSTITUTE OF MEDICAL MOLECULAR & BIOTECHNOLOGY (IMMB),
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JALAN HOSPITAL 47000, SUNGAI BULOH SELANGOR.
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APPLICATION FORM: MINI TRANSBLOT CELL

CHARGE RATE

UiTM Rate
a) RM500/ semester b) RM40/day/twice

Others Rate
a) RM62/day/twice

Customer Information

Name of applicant : …… Date:……

Full Address: ……

……

Contact Number :…… Email Address : ……

Application Detail

UiTM Rate

☐ a)RM500 / semester
Please specify= ……

☐ b) RM40/day/twice
Please specify= ……

Others Rate

☐ a) RM62/day/twice
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 : ……