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APPLICATION FORM: MULTI LABEL PLATE FACILITIES / TRAINING

**Training Rate**

UiTM Rate

- RM6/well

Others Rate

- RM8/well

**Use of Facility Rate**

(Victor X5 Multi Label Plate Reader- Absorbance, Fluorescence, Luminescence)

UiTM Rate

- RM10/well

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Others Rate

- RM14/well

**Customer Information**

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

Full Address: .....

.....

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

**Application Detail**

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Training (UiTM Rate =RM6/well)

Please specify = .....

☐

Use of facility (UiTM Rate =RM10/well)

Please specify: .....

☐

Training (Others Rate = RM14/well)

Please specify = .....

☐

Use of facility (Others Rate = RM132/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 : .....