

APPLICATION FORM: PCR MACHINE

CHARGE RATE

UiTM Rate

- a) RM150/ semester b) RM36/with training c) RM20/slot

Others Rate

- a) RM50/with training b) RM27/slot

Customer Information

Name of applicant : Date:.....

Full Address:
.....

Contact Number : Email Address :

Application Detail

UiTM Rate

- ☐ a)RM150 / semester ☐ b) RM36/with training ☐ c) RM20/slot
Please specify= Please specify= Please specify =

Others Rate

- ☐ a)RM50/with training ☐ b) RM27/slot
Please specify = 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 :