

APPLICATION FORM: REAL-TIME PCR MACHINE

CHARGE RATE

UiTM Rate

- a) RM200/ semester b) RM50/slot

Others Rate

- a) RM66/slot

Customer Information

Name of applicant : Date:.....

Full Address:
.....

Contact Number : Email Address :

Application Detail

UiTM Rate

☐ a)RM200 / semester
Please specify=

☐ b) RM50/slot
Please specify=

Others Rate

☐ a)RM66/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 :