

APPLICATION FORM: STEREO MICROSCOPE (FOR EMBRYO IDENTIFICATION)

CHARGE RATE

UiTM Rate

a) RM150/semester b) RM33/hour c) RM17/slot/ 4 hours

Others Rate

a) RM43/hour b) RM23/slot/ 4 hours

Customer Information

Name of applicant : Date:.....

Full Address:

Contact Number : Email Address :

Application Detail

UiTM Rate

☐ RM150/semester
Specify your duration =

☐ RM33/hour
Specify your duration =

☐ RM17/slot/ 4 hours
Specify your number of slot =

Others Rate

☐ RM43/hour
Specify your duration =

☐ RM23/slot/ 4 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 :