FACULTY OF SCIENCE LABORATORY MANAGEMENT CENTRE (FS-LMC)

(For office use only)
USER ID:

REGISTRATION FORM FOR INSTRUMENT USERS OF FACULTY OF SCIENCE

Note : Kindly submit to Faculty of Science Laboratory Management Centre at least **14 days fr**om the date of intended use of instrument. Please fill Section **1 and 2** and *tick ☑ in the appropriate box*

1. APPLICANT'S PERSONAL PARTICULARS

Name	

Category	☐ UTM Permanent Staff	☐ Temporary	☐ Contract Personnel	☐ RO	☐ RA	☐ Master Research Student ☐ PhD Student	☐ MSc mixed mode Student ☐ BSc Student	☐ Others

NRIC / Passport No.		Applicant's Matric No.	
Office/ Lab Telephone No.		Office/ Lab address	
Hand phone No.		E-mail Address	
Faculty		Nationality	

2. PROJECT AND SUPERVISOR'S PARTICULARS

Project Title	

Name of Supervisor		Vote No of Supervisor	
Address of Supervisor		Contact No	

Type of Grant	☐ Science Fund	☐ FRGS	☐ Techno Fund	☐	☐ Contract Research	☐ IRGS	☐ Foreign Academic Fund	☐ New Staf (PhD) Fund	☐ Others

AMOUNT OF GRANT	RM
Total Balance *as at ………………………………..*	RM

3. APPLICANT'S DECLARATION

I have duly completed this form and attached the following supporting documents

No	Item *(please tick where appropriate)*	
(i)	Photocopy of student's matric card – 2 copies (front & back).	☐
(ii)	Evidence of training on instrument use at Faculty of Science	☐
(iii)		☐

I hereby declare that the particulars in this application are true to the best of my knowledge and belief

Signature of Applicant		Date :

4. RECOMMENDATION BY SUPERVISOR/PROJECT LEADER

Name		Signature :	Chop
Designation		Date :	

Remarks	Preferred initial name (up to 5 letters) : payment charges : **prepaid / postpaid**

5. APPROVAL / RECOMMENDATION BY LABORATORY MANAGER OF FACULTY OF SCIENCE

Fund Availability	☐ Yes, recommend the registration	☐ No

Name		☐ Approved/Recommended	Signature :
Designation		☐ Not Approved/Not Recommended	Date :
Remarks			