



**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 from 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	<input type="checkbox"/> UTM Permanent Staff	<input type="checkbox"/> Temporary	<input type="checkbox"/> Contract Personnel	<input type="checkbox"/> RO	<input type="checkbox"/> RA	<input type="checkbox"/> Master Research Student <input type="checkbox"/> PhD Student	<input type="checkbox"/> MSc mixed mode Student <input type="checkbox"/> BSc Student	<input type="checkbox"/> 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	<input type="checkbox"/> Science Fund	<input type="checkbox"/> FRGS	<input type="checkbox"/> Techno Fund	<input type="checkbox"/> Contract Research	<input type="checkbox"/> IRGS	<input type="checkbox"/> Foreign Academic Fund	<input type="checkbox"/> New Staf (PhD) Fund	<input type="checkbox"/> Others	
AMOUNT OF GRANT					RM				
Total Balance as at					RM				
3. APPLICANT'S DECLARATION									
<i>I have duly completed this form and attached the following supporting documents</i>									
No	Item (please tick where appropriate)								
(i)	Photocopy of student's matric card – 2 copies (front & back).								<input type="checkbox"/>
(ii)	Evidence of training on instrument use at Faculty of Science								<input type="checkbox"/>
(iii)									<input type="checkbox"/>
<i>I hereby declare that the particulars in this application are true to the best of my knowledge and belief</i>									
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	<input type="checkbox"/> Yes, recommend the registration				<input type="checkbox"/> No				
Name					<input type="checkbox"/> Approved/Recommended	Signature :			
Designation					<input type="checkbox"/> Not Approved/Not Recommended	Date :			
Remarks									