



**RESEARCH APPLICATION FORM**  
**GLAMI LEMI BIOTECHNOLOGY RESEARCH CENTRE (PPBGL)**

**FOR PPBGL OFFICE USE ONLY**

|                      |   |       |  |                          |
|----------------------|---|-------|--|--------------------------|
| Laboratory           | : | _____ |  | Lecturer/Researcher      |
| Plot Number          | : | _____ |  | Postgraduate/RA          |
| Hostel Room No.      | : | _____ |  | Undergraduate            |
| <b>REFERENCE NO.</b> | : | _____ |  | Accommodation Fee Waiver |

**A. CUSTOMER INFORMATION**

|   |                           |  |                                 |                              |                                |
|---|---------------------------|--|---------------------------------|------------------------------|--------------------------------|
| <b>CUSTOMER DETAILS</b>                                       | <b>NAME</b>               |  |                                 |                              |                                |
|   | <b>MATRIX / STAFF NO</b>  |  |                                 |                              |                                |
|   | <b>HP/TEL (O)</b>         |  |                                 |                              |                                |
|   | <b>EMAIL</b>              |  |                                 |                              |                                |
|   | <b>ADDRESS</b>            |  |                                 |                              |                                |
| <b>UNIVERSITY/FACULTY/CENTRE</b>                              |                           |  |                                 |                              |                                |
| <b>PROGRAM (Please tick)</b>                                  |                           | <input type="checkbox"/> Undergrad (FYP) | <input type="checkbox"/> Master | <input type="checkbox"/> Phd | <input type="checkbox"/> Staff |
| <b>RESEARCH TITLE</b>   |                           |  |                                 |                              |                                |
| <b>RESEARCH PERIOD</b>  |                           | Start:                                   |                                 |                              | End:                           |
| <b>TYPE OF GRANT (if any)</b>                                 |                           | <b>GRANT NO.</b>                         |                                 | <b>AILOCATION</b>            | RM                             |
| <b>PPBGL LABORATORY</b><br><i>(Tick instruments use only)</i> | <b>ANIMAL BIOTECH LAB</b> |  | IVOS / SCA / FTNIR              |                              | REFRIGERATED CHILLER           |
|   |                           |  | OSMOMETER                       |                              | LN TANK                        |
|   |                           |  | TRINOCULAR MIRCOSCOPE           |                              | -20°C FREEZER                  |
|   |                           |  | MICROPLATE READER               |                              | MICROPLATE WASHER              |
|   | <b>GENETICS ROOM</b>      |  | GEL ELECTROPHORESIS             |                              | EASYDROP                       |
|   |                           |  | THERMOCYCLER                    |                              | REFRIGERATED MICROCENTRIFUGE   |
|   |                           |  | GEL VIEWER                      |                              |                                |
|   | <b>MULTIPURPOSE LAB</b>   |  | AUTOCLAVE                       |                              | WATER DISTILLER                |
|   |                           |  | LAMINAR FLOW                    |                              | SHAKER                         |
|   |                           |  | MILLIQ                          |                              | OVEN                           |
|   | <b>OTHERS</b>             |  | ASTRONOMY LAB                   |                              | ENVIRONMENT LAB                |
|   |                           |  | BIODIVERSITY LAB                |                              | MICROBIOLOGY LAB               |
| <b>NAME SPECIFIC INSTRUMENTS :</b>                            |                           |  |                                 |                              |                                |

**B. ACCOMODATION DETAILS (IF REQUIRED ONLY)**

|                      |   |       |                       |   |       |
|----------------------|---|-------|-----------------------|---|-------|
| <b>CHECK IN DATE</b> | : | _____ | <b>CHECK OUT DATE</b> | : | _____ |
|----------------------|---|-------|-----------------------|---|-------|

**C. PAYMENT**

| TYPE               | UNIT | PRICE / UNIT (RM) | TOTAL (RM) |
|--------------------|------|-------------------|------------|
| Accommodation      |      |                   |            |
| Instruments rental |      |                   |            |
| Service            |      |                   |            |
| <b>TOTAL (RM)</b>  |      |                   |            |

**D. TERMS AND CONDITIONS**

1. All research and activities conducted at PPBGL should adhere to Universiti Malaya rules and regulations, as well as specific PPBGL rules.
2. All own samples, research, and apparatus need to be labeled and stored properly. PPBGL has the right to remove any unlabeled materials. PPBGL will not be responsible for any loss and/or damages to users' property that occur while conducting activities at PPBGL.
3. Broken items, accommodations, and instruments need to be reported to PPBGL management immediately.
4. Every researcher granted access at PPBGL will need to send a copy of their student thesis, published research article, and any related output. Affiliation with PPBGL is compulsory.
5. Any broken glassware, instruments, apparatus, etc., found to be broken due to the negligence of the user will be charged accordingly.
6. Any required payments should be made via epay.um.edu.my. or internal grant transfer (refer to PPBGL office for the procedures) **NO REFUND WILL BE PROVIDED FOR ANY PAYMENT THAT HAS BEEN SUBMITTED.**
7. The fee waiver for the research conducted will be based upon PPBGL's discretion.
8. All researches conducted at PPBGL need to present their research progress when deemed necessary.

It is hereby stated that I have read, understood, and agree to comply with all the lending rules set forth above.

|  |   |             |             |   |  |
|--|---|-------------|-------------|---|--|
| <b>CUSTOMER DECLARATION, SIGNATURE AND STAMP</b> | Applicant :.....  |             | <b>DATE</b> | : |  |
|  | Supervisor :.....<br><i>(if applicant is a student)</i> |             |             |   |  |
| <b>PAYMENT INFORMATION (IF ANY)</b>              | Type of payment   | Grant No. : | WBS No.:    |   |  |
|  |   | EPay UM :   | Receipt     |   |  |
|  |   | QR          | No          |   |  |

**E. APPROVER**

The proposal and application form have been reviewed by:

**Head of Administration and Research**

\_\_\_\_\_  
Signature & Stamp

|                        |  |  |
|------------------------|--|--|
| <b>Recommended</b>     |  |  |
| <b>Not Recommended</b> |  |  |
| <b>Revision</b>        |  |  |

**Director of PPBGL**

\_\_\_\_\_  
Signature & Stamp

|                    |  |  |
|--------------------|--|--|
| <b>Approve</b>     |  |  |
| <b>Not Approve</b> |  |  |
| <b>Revision</b>    |  |  |

**F. ATTACHMENT CHECKLIST**

|  |  |
|--|--|
|  | Copy Identification document and Matric card                               |
|  | Research proposal with gantt chart   |
|  | Payment Receipt<br>(Grant transfer receipt efinance for internal transfer) |
|  |  |

CARTA ALIRAN KERJA

PERMOHONAN MENJALANKAN PENYELIDIKAN DI  
PUSAT PENYELIDIKAN BIOTEKNOLOGI GLAMI LEMI

