

FOR PPBGL OFFICE USE ONLY

RESEARCH APPLICATION FORM GLAMI LEMI BIOTECHNOLOGY RESEARCH CENTRE (PPBGL)

Laboratory :				Lecturer/Reso	earcher	
Plot Number :				Postgraduate	/RA	
Hostel Room No. :				Undergradua	te	
REFERENCE NO. :				Accommodat	ion Fee	
				Waiver		
A. CUSTOMER INFORMAT	ION					
	NAME					
CUSTOMER DETAILS	MATRIX /					
	STAFF NO					_
	HP/TEL (O)					
	EMAIL					
	ADDRESS					
UNIVERSITY/FACULTY/CENTRE						
PROGRAMME (Please tick)	Undergrad (FYP)	Master	Phd	Staff	
RESEARCH TITLE						
RESEARCH PERIOD	Start:		End:			
TYPE OF GRANT (if any)		GRANT NO.		AILOCATION	RM	
		IVOS		REFRIGERATED	CHILLER	
	ANIMAL BIOTECH LAB	OSMOMETER		LN TANK		
	BIOTECH LAB	TRINOCULAR MIRCOSCOPE		-20℃ FREEZER		
	MULTIPURPOSE	AUTOCLAVE		WATER DISTILLER		
PPBGL LABORATORY		LAMINAR FLOW		SHAKER		
(Tick instruments use only)		MILLIQ		OVEN		
		ASTRONOMY LAB		ENVIRONMENT LAB		
	OTHERS	BIODIVERSITY LAB		MICROBIOLOGY LAB		_
		NAME SPECI	-			
B. ACCOMODATION DETA	ILS (IF REQUIRED O					
CHECK IN DATE	:		CHECK OUT DATE			

C. 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.

CUSTOMER DECLARATION, SIGNATURE AND STAMP	Applicant :			DATE	:
	Supervisor : (if applicant is a	student)			
PAYMENT	Type of	Grant No. :		WBS No.:	
INFORMATION (IF	payment EPay UM			Receipt	
ANY)		QR		No	
D. APPROVER The proposal and appl	ication form ha	ve been reviewe	ed by:		
PPBGL Rese	arch Officer		Recommend Not		
			Recommend Revision	ed	
Signature	& Stamp		Kevision		

Agroscience	Section	Head

Approve	
Not Approve	
Revision	

Signature & Stamp

E. ATTACHMENT CHECKLIST

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