

FACULTY OF MEDICINE

POSTGRADUATE LAB USER REGISTRATION FORM

Bahagian A: Butir-butir Calon

Part A: Details of Candidate

1. **Nama Penuh** *(Full Name)*

2. **Program** *(Programme)* Sarjana *(Master)* Doktor Falsafah *(Doctor of Philosophy)*

3. **No. K/P** *(Identity Card No.)* - -

4. **No. Matrik** *(Matric No.)*

5. **Fakulti/ Institut** *(Faculty/ Institute)*

6. **Tajuk Projek** *(Title of project)*

7. **Tempoh Pengajian /Tarikh Daftar** *(Duration of study/Registration Date)*

8. **Alamat tetap** *(Permanent address)*

No. Telefon *(Phone No.)*

E-mel *(E-mail)*

9. **Nama Penyelia Utama** (*Name of Main Supervisor*)

No. Telefon
(*Phone No.*)

E-mel
(*E-mail*)

Bahagian B : Sokongan Penyelia Utama

Part B : Recommendation of Main Supervisor

Ya Tidak
(*Yes*) (*No*)

Tandatangan dan Cop Rasmi
(*Signature and Official Stamp*)

Tarikh
(*Date*)

Bahagian C: Kelulusan oleh Pegawai Makmal Bertanggungjawab

Part C : Approval by lab officer incharge

Ya Tidak
(*Yes*) (*No*)

Tandatangan dan Cop Rasmi
(*Signature and Official Stamp*)

Tarikh
(*Date*)



Bahagian D: Perakuan Penyelaras Makmal Siswazah/ Ketua Unit Makmal

Part D: Endorsement by Coordinator Research Laboratory/ Head of Laboratory Unit

Ya
(Yes)

Tidak
(No)

Nama
(Name)

Tandatangan dan Cop Rasmi
(Signature and Official Stamp)

Tarikh
(Date)

Lab Used (Please v)

Postgrad Lab 1		Postgrad Lab 2		Tissue Culture Lab		Molecular Lab		Others (Specify)	
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List of Equipment Used during the study

No.	Equipment	No.	Equipment

List of chemical used

No.	Chemical	Storage	MSDS	Expired Date

Equipment bought with grant

No.	Equipment	Barcode	Location