

	INB/SERV/0002	Edition/Revision: 1/0	Effective date: 01.01.2016
	<b>SAMPLE SUBMISSION FORM</b>		

<b>BORANG PENGHANTARAN SAMPEL/SAMPLE SUBMISSION FORM</b>																																																										
Nama Instrumen: Fourier Transform Infrared Spectroscopy		Jenama/Model: Perkin Elmer / Frontier																																																								
<b>Maklumat Pemohon/Applicant's Information</b>																																																										
Nama: <i>Name:</i>		Telefon: <i>Telephone:</i>																																																								
Jabatan/Fakulti/Agensi: <i>Department/Faculty/Agency:</i>		Perakuan Pengguna/ <i>Declaration of User:</i>																																																								
Emel: <i>Email:</i>		Saya bersetuju untuk memberi penghargaan kepada INBIOSIS di dalam penerbitan yang dihasilkan menggunakan instrument ini <i>I hereby agree to acknowledge INBIOSIS in my research publication for the support given.</i>																																																								
<table border="1"> <tr> <th>UKM</th> <th>Non-UKM</th> <th>Status</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Prasiswazah <i>Undergraduate</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Siswazah/ Doktoran/Pasca Doktoran <i>Master/PhD/Post Doc</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Kakitangan UKM <i>UKM Staff</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Penyelidik <i>Researcher</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Lain-lain <i>Others</i></td> </tr> </table>	UKM	Non-UKM	Status	<input type="checkbox"/>	<input type="checkbox"/>	Prasiswazah <i>Undergraduate</i>	<input type="checkbox"/>	<input type="checkbox"/>	Siswazah/ Doktoran/Pasca Doktoran <i>Master/PhD/Post Doc</i>	<input type="checkbox"/>	<input type="checkbox"/>	Kakitangan UKM <i>UKM Staff</i>	<input type="checkbox"/>	<input type="checkbox"/>	Penyelidik <i>Researcher</i>	<input type="checkbox"/>	<input type="checkbox"/>	Lain-lain <i>Others</i>	Tandatangan: <i>Signature:</i>																																							
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Saya dengan ini bersetuju untuk membayar semua kos seperti yang ditetapkan: <i>I hereby agree to pay all the cost stated:</i>																																																										
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