

ACCESS DOOR CARD REQUEST FORM

USER								
ZONE								
<input type="checkbox"/> Office	<input type="checkbox"/> Lab :							
Name :	Place Passport Sized Photo Here							
Staff/Student No. :								
Tel. No. :								
Email :								
Position : <input type="checkbox"/> STAFF <input type="checkbox"/> RA* <input type="checkbox"/> GRA*								
Supervisor :								
Duration :								
Date :	Signature :							
<i>* RA/GRA: please attach your research summary together with this form.</i>								
APPROVAL								
A. SUPERVISOR								
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny							
Name:								
Date:	Signature:							
B. DIRECTOR								
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny							
Name:								
Date:	Signature:							
FOR OFFICE USE ONLY								
<input type="checkbox"/> New	<input type="checkbox"/> Replacement	Date:						
Access Card No. :	<table border="1" style="width: 100%;"><tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr></table>							
Password :	<table border="1" style="width: 100%;"><tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr></table>							
<input type="checkbox"/> Delete	<input type="checkbox"/> Replace	Date:						
Reason:								
<input type="checkbox"/> Lost	<input type="checkbox"/> Defective	<input type="checkbox"/> Terminated (user has left)						
Note:								
-The lost, stolen or damaged of the access card must be reported to the INBIOSIS Office immediately.								
-A lost card will be replaced at the cost of RM30.00.								
-Access card must be returned to the INBIOSIS Office before you leave the Institute.								