

**BORANG TEMPAHAN INSTRUMEN/**

***BOOKING INSTRUMENT FORM***

**FAKULTI SAINS DAN TEKNOLOGI**

**TEMPAHAN ALAT/ *BOOKING INSTRUMENT*:**

*(Nyatakan nama alat/ Name of the instrument)*

FTIR

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| 1. **MAKLUMAT PERMOHONAN/ *APPLICATION DETAILS*** | | |
| Nama Pemohon/  *Name of Applicant*: |  | |
| No. Matriks/ *Matrix No.* : |  | |
| Alamat Pusat Pengajian/ Fakulti/Agensi  *Department/ School/ Faculty/Agency Address:* |  | |
| No. Telefon/  *Telephone No*: | Pejabat/ Office:  H/P : | No. Fax: |
| Emel/ *E-mail*: |  | |
| Tarikh/ Date: |  | |
| 1. **MAKLUMAT SAMPEL/ *SAMPLE DETAILS*** | | |
| Bil. Sampel/ *No. of Sample* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Label sampel/ *Lable of sample*  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Penjelasan Sampel/ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Sample Description* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pelarut yang sesuai/ *Suitable solvent* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Keperluan Analisis/ *Analysis Requirement* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Cth:Suhu/ Tekanan/ Kolum dll)/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Exmp: Temp/ Pressure/ Column& ext)*    Lain-lain keperluan/  *Other requirements* :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. **STATUS PERMOHONAN & KELULUSAN/ *APPLICATION STATUS & IMPROVAL*** | | |
| Perakuan Pengarah/ Ketua Jabatan/ Ketua Projek/ Penyelia Projek  *Certified by Director/ Head of Department/ Head of Project/ Supervisor*  \*Perakuan/ Penolakan  *Certify/ Decertify*  Saya \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bersetuju untuk membayar kos yang telah ditetapkan melalui peruntukan/  *I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to pay the stated amount for this analysis sample through the budget below:*  Kod Peruntukan Projek/ *Budget Code* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Kos Analisis/ *Analysis Cost* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tarikh/ *Date:* Tandatangan Pengarah Ketua Jabatan/ Ketua Projek/ Penyelia Projek:  *Signature by Director/ Head of Department/ Head of Project/ Supervisor:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Cop Rasmi/ *Official Stamp*) | | |
| 1. **UNTUK KEGUNAAN PEJABAT/ *FOR OFFICE USE*** | | |
| Tarikh Terima Sampel/  *Sample Received* *On* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tarikh Siap/ *Complete On*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bil. Sampel yang Dianalisis/ Jumlah Kos Analisis/  *No. of Analyzed Sampel* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Analysis Cost*  : *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Laporan Analisis/  *Report Analysis* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pengambilan Data : Ya/ Tidak  **Tandatangan Operator Alat/  *Operator’s Signature*  Tarikh/ *Date:***      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nama/ *Name* : | | |