



**PHYSICS DEPARTMENT, FACULTY OF SCIENCE**

**Application Form For Using  
Electron Spin Resonance Spectrometer (ESR)**

Date In :  /  /

Batch No. : UPM/FS/FZK/  /

**PART A : APPLICANT**

<b>Name</b>		<i>To be filled by the Supervisor (if applicable)</i>	
<b>Staff/Matric No.</b>		<b>Signature</b>	
<b>Address</b> <small>(Lab/Department/Faculty/Institution)</small>		<b>Official Stamp</b>	
<b>Phone No.</b>		<b>Research Vot. No.</b>	
<b>E-mail</b>			

No. of Samples	Type of Samples	Is Your Sample Has Large Dielectric Loss?	Mineral or Compound Name In Your Sample

**PART B : PAYMENT**  
(to Tabung Amanah Jabatan Fizik – 64275)

<b>INVOICE</b> – please fill in SOK/KEW/BR045/AKN form	<b>CASH</b> – please pay at Bendahari 3 UPM
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**FOR OFFICE USE ONLY**

Date Analysis		Date Received	
Date Completed		Remark	
Total (RM)		<input type="checkbox"/> <i>Prove of payment received</i>	
<p><b>*APPROVED / NOT APPROVED</b></p>          <p>Head of Physics Department <i>Name &amp; Signature</i></p>		<p><i>Analyst's Name &amp; Signature</i></p>	