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Batch No. : FS/FZK/ACS

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**SUPERCONDUCTOR LABORATORY,
PHYSICS DEPARTMENT, FACULTY OF SCIENCE****Application Form for AC Susceptometer (ACS) System****APPLICANT**

Name			
Staff/Matric No.			
Department/Faculty Instituion/Compony			
E-mail		Phone No.	

EQUIPMENT

Name	CryoBind ACS	ID no. / Barcode no.	
Propose of Usage			
Date of Usage			
Time of Usage			
Sample Type (Details of sample)			
Temperature / Gas / Frequency / etc. <i>(if applicable)</i>			

SUPERVISOR

Signature & Official Stamp		<input checked="" type="checkbox"/> I understand I will be held responsible for any loss or damage that caused by my students during the operation.
Date		<input checked="" type="checkbox"/> I will make sure my students comply with the rules to ensure the safety and hygiene of the equipment and environment are maintained.

FOR OFFICE USE ONLY

Officer's Signature & Stamp		APPROVED	<i>RM</i> Payment
		NOT APPROVED	
Date		Remark	