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Batch No. : FS/FZK/VSM

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**PHYSICS DEPARTMENT, FACULTY OF SCIENCE****Application Form for Vibrating Sample Magnetometer (VSM) System****APPLICANT**

Name			
Staff/Matric No.			
Department/Faculty Institution/Company			
E-mail		Phone No.	

EQUIPMENT

Name	VSM (Room Temperature)	ID no. / Barcode no.	
Propose of Usage	M-H measurement (Hysteresis)		
Date of Usage			
Time of Usage			
Sample Type (Details of sample)			
Expected Saturation Field (kOe)			

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.
		<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.
Date		

FOR OFFICE USE ONLY

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