

Date In : 

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Batch No. : UPM/FS/FZK/ 

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**PHYSICS DEPARTMENT, FACULTY OF SCIENCE**

**Application Form For Samples Analysis**

**PART A : APPLICANT**

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

**PART B : SAMPLES**

|  |                                       |
|--|---------------------------------------|
| <b>Test using :</b><br><small>(circle the appropriate)</small> | <b>AFM / DMA / XRF / PROFILOMETER</b> |
| <b>NO.</b>   | <b>SAMPLE'S NAME</b>                  |
| 1.   |                                       |
| 2.   |                                       |
| 3.   |                                       |
| 4.   |                                       |
| 5.   |                                       |
| 6.   |                                       |
| 7.   |                                       |

**PART C : 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 |
|--|---|

**FOR OFFICE USE ONLY**

|   |  |   |  |
|---|--|---|--|
| <b>No. of Samples</b>                                     |  | <b>Date Received</b>  |  |
| <b>Price/unit (RM)</b>                                    |  | <b>Date Completed</b>   |  |
| <b>Total (RM)</b>   |  | <input type="checkbox"/> <i>Prove of payment received<br/>(copy of completed invoice / receipt)</i> |  |
| <b>*APPROVED / NOT APPROVED</b>                           |  |   |  |
| Head of Physics Department<br><i>Name &amp; Signature</i> |  | <i>Analyst's Name &amp; Signature</i>   |  |