# APPLICATION FORM

1. **DETAILS OF APPLICANT**

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Department/Clinic: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kulliyyah: ______________________</td>
<td>E-mail: ________________________________</td>
</tr>
<tr>
<td>Status:</td>
<td>Academician</td>
</tr>
<tr>
<td>Tel: Office: ___________________</td>
<td>Mobile: ______________________</td>
</tr>
<tr>
<td>Project title: ________________________</td>
<td>______________________________________</td>
</tr>
</tbody>
</table>

2. **SERVICES**

**A. Transmission Electron Microscope (EFTEM)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sample Processing (2 blocks / sample)</td>
<td>x RM</td>
</tr>
<tr>
<td>2. Semi-thin and staining (2 slides/block)</td>
<td>x RM</td>
</tr>
<tr>
<td>3. Ultrathin and staining (1 grid / block)</td>
<td>x RM</td>
</tr>
<tr>
<td>4. Viewing per sample (max 5 images / hour)</td>
<td>x RM</td>
</tr>
<tr>
<td><strong>TOTAL CHARGES</strong></td>
<td><strong>RM</strong></td>
</tr>
</tbody>
</table>

**B. Scanning Electron Microscope (VPSEM)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sample Processing</td>
<td>x RM</td>
</tr>
<tr>
<td>2. Critical Point Dryer (CPD)</td>
<td>x RM</td>
</tr>
<tr>
<td>3. Coating</td>
<td>x RM</td>
</tr>
<tr>
<td>4. Viewing per sample (max 5 images / hour)</td>
<td>x RM</td>
</tr>
<tr>
<td>5. EDX Analysis (2 spots/area)</td>
<td>x RM</td>
</tr>
<tr>
<td><strong>TOTAL CHARGES</strong></td>
<td><strong>RM</strong></td>
</tr>
</tbody>
</table>

*For further details on charges kindly contact us at the above address.

**I undertake to pay the cost/services rendered.**

<table>
<thead>
<tr>
<th>Signature ____________________________</th>
<th>Signature ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Research Supervisor: __________________</td>
<td>Name of Research Grant Holder &amp; Official Stamp</td>
</tr>
<tr>
<td>Date: __________________</td>
<td>Date: __________________</td>
</tr>
</tbody>
</table>

---

**EM Unit internal use**

<table>
<thead>
<tr>
<th>Received by: __________________</th>
<th>Date Received: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request Approved by: ____________</td>
<td>Name and Signature: __________________</td>
</tr>
<tr>
<td></td>
<td>__________________</td>
</tr>
</tbody>
</table>
PAYMENT ADVICE

To: Account Unit  
Finance Division / Research Centre / Researcher

*Charges

TEM
1. Processing until polymerized  
   2 blocks x RM = RM
2. Semi-thin and staining  
   2 slides x RM = RM
3. Ultrathin and staining  
   grids x RM = RM
4. Viewing  
   hours x RM = RM

TOTAL CHARGES
RM

SEM (Per Sample)
1. Processing  
   x RM = RM
2. Critical Point Dryer (CPD)  
   x RM = RM
3. Coating  
   x RM = RM
4. Viewing  
   x RM = RM
5. EDX Analysis  
   x RM = RM

TOTAL CHARGES
RM

* For further details on charges kindly contact us at the above address.

1. The amount of RM .................. is to be debited from my Research Allocation /  
   Department No: ..........................

2. I attach here a Cheque No .................. Bank ................................................... to  
   the amount of RM .....................

3. I shall pay the amount RM .................. by cash

..........................................
Signature
Name of Research Grant Holder & Official Stamp

Date: ..........................

Both forms to be filled in duplicate

Visit us at: http://www.iiumedic.edu.my