

BORANG PERMOHONAN PENGGUNAAN PERALATAN

CONTACT ANGLE (OSSILA)

Nama Pemohon (Name of Applicant):

No Matrik/Staf (Matric/Staf No): Email:

PTJ/Jabatan (School/Institution):

Kategori Projek (Project Category): ☐ Tahun Akhir ☐ Msc ☐ PhD ☐ R&D ☐ Consultant

Tajuk Projek (Project Title):

Date : Tandatangan(Signature):

No	Nama Sample (Sample name)	Solutions	Qty

KEBENARAN PENYELIA PROJEK:
(Supervisor Approval:Name and signature)

KEBENARAN PENYELIA PERALATAN :
(Name and signature of equipment in-charge supervisor)
(Prof. Ir. Ts. Dr. Zuhailawati Hussain)

Date: