

**BORANG PERMOHONAN PENGGUNAAN PERALATAN  
Fourier Transformed Infrared (FTIR)**

Nama Pemohon/ (Applicant Name): \_\_\_\_\_

No Matriks/Staf \_\_\_\_\_ Email: \_\_\_\_\_

Pusat Pengajian/Jabatan/ (School/Department Name):  
\_\_\_\_\_

Kategori Projek/ (Project Category) :  Tahun Akhir (Final Year)  MSc  PhD  R&D  
 Consultation

Tajuk Projek/ (Project Title) : \_\_\_\_\_

Keterangan Sampel (Sample Explanation)

Nama Sampel (Sample Name)	Keadaan Sampel (Solid/Liquid/Powder)	Kuantiti (Qty)

Jarak Gelombang (Wavelength): Max \_\_\_\_\_ cm-1 Min \_\_\_\_\_ cm-1

Bilangan Imbasan (Scan Number): \_\_\_\_\_ or Masa Imbasan (Scan Times): \_\_\_\_\_

Tandatangan (Applicant Signature): \_\_\_\_\_ Tarikh (Date): \_\_\_\_\_

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Kebenaran daripada Penyelia projek (Supervisor Approval)

Saya \_\_\_\_\_, meluluskan permohonan untuk menggunakan kemudahan seperti di atas

\_\_\_\_\_  
(Tandatangan Penyelia Projek)  
Supervisor Signature

Tarikh (Date): \_\_\_\_\_

\*\*\*\*\*  
Kebenaran daripada Penyelia Peralatan (Approval by Equipment In-Charge Supervisor)  
(Prof. Dr. Hazizan Md Akil / Dr. Syazana Ahmad Zubir)

\_\_\_\_\_  
Tandatangan Penyelia Peralatan  
(Approved by Equipment In-Charge Supervisor)

Tarikh (Date): \_\_\_\_\_