



KULLIYAH OF DENTISTRY

EQUIPMENT LOAN

APPLICANT'S INFORMATION			
NAME		STAFF NO / MATRIC NO	
CONTACT NO		KULLIYAH / DEPARTMENT	

TYPE OF EQUIPMENT									
Portable Projector	<input type="checkbox"/>	Stand Fan	<input type="checkbox"/>	Banner Stand	<input type="checkbox"/>	Exam Table	<input type="checkbox"/>	Mic Stand	<input type="checkbox"/>
Compact Camera	<input type="checkbox"/>	Power Cable	<input type="checkbox"/>	Rostrum	<input type="checkbox"/>	Exam Chair	<input type="checkbox"/>	Mini Stage	<input type="checkbox"/>
Mobile Speaker with Mic	<input type="checkbox"/>	White Screen	<input type="checkbox"/>	Banquet Table	<input type="checkbox"/>	Railing Stand	<input type="checkbox"/>	Others (Please specify):

PURPOSE OF APPLYING / EVENT DETAILS			
EVENT NAME		DATE & DAY OF PROGRAM	
VENUE		ORGANIZER	

FOR STAFF & STUDENT	APPROVAL
I hereby agree to accept responsibility and liability for any loss or damage to the University's properties and for any breach of IIUM's Rules and Regulations. (Signature) Date: Time:	I hereby APPROVED / DISAPPROVE this application. (Please delete whichever is not applicable) DEAN / DEPUTY DIRECTOR (Signature & Official Stamp) Date: Time: