Ref No: IIUM/307/4/23/1/11 Revision: 02 (2023) Effective Date: 02 Oct 2023

## LABORATORY MANAGEMENT OFFICE **KULLIYYAH OF SCIENCE**

## **KEY BORROWING FORM**

| A. Application Details                              | Information |                                |  |         |                          |
|---|-------------|--------------------------------|--|---------|--------------------------|
| Matrix/Staff No. :                                  |             | Contact No. :   Date (until) : |  |         |                          |
|   |             |                                |  |         | B. Please state in which |
| No  | Laboratory  | Key No.                        | Room No.   | Remarks |                          |
| 1   | •           |                                |  |         |                          |
| 2   |             |                                |  |         |                          |
| 3   |             |                                |  |         |                          |
| 5   |             |                                |  |         |                          |
| 6   |             |                                |  |         |                          |
| 7   |             |                                |  |         |                          |
| Name:<br>Date:                                      |             |                                |  |         |                          |
| Recommended by;                                     |             | A                              | Approved by;   |         |                          |
| Sign & stamp<br>(Supervisor/Co-Supervisor)<br>Date: |             | (5                             | Sign & stamp<br>(Science Officer/Assistant Science Officer)<br>Date: |         |                          |
|   | For L       | aboratory Office Use O         | only   |         |                          |
| Upon Borrowing                                      |             |                                | Upon Returning   |         |                          |
| Issued by (signature)<br>Name<br>Date               | :           | Name                           |  |         |                          |
| Received by (signature)<br>Name                     | :<br>:      | Nome                           | (signature) : :  |         |                          |