**FOR OFFICE USE (V1/2026):**

Reference no. : ISB ____ ____ / 2026

UNIVERSITI MALAYA

# APPLICATION FORM FOR EXTERNAL/ PAID USERS

**APPLICANT CATEGORY :** ☐ **Student** ☐ **Academic Staff** ☐ **Others (please state):_____**

## PART A – APPLICANT INFO (To be completed by the applicant)

Full Name:

Department, Faculty, University / Institute / Company etc.:

Email Address (active):

Handphone Number (active) :

## PART B – SERVICE & PAYMENT INFO (To be completed by the applicant)

Lab Name:

Lab Staff Incharge:

Kindly list the required services in the table below:

| No. | Name of equipment/ sample/ service (*Attach additional pages if required) | Number of sample/ hour | Charge (sample/ hour) (RM) | Total (RM) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | **TOTAL** | |

Cash payments are NOT accepted by Universiti Malaya. Kindly proceed with your payment using the following methods. Please tick (√) and provide the payment reference number below:

| | |
|---|---|
| | **1. E- Payment/ Online Banking**<br>*Make payment through https://epay.um.edu.my/ > Daftar/Register > Bayar ikut PTj/ Payment by PTj> Fakulti Sains/ Faculty of Science > Sewaan Peralatan/ Makmal ISB - Rental of Isb Laboratory/Laboratory Equipment* |
| | **2. UM Research Grant - Internal Money Transfer (FIRST System)**<br>● Only applicable for UM applicant > https://first.um.edu.my/<br>● Journal Transfer/ Internal Application - refer video https://bit.ly/firstvideo25 Select/ Insert below info;<br>● Type/ Jenis - Credit/ Kepada<br>● Profit Centre / Cost Centre / Fund Centre: 0000021070 - INSTITUT SAINS BIOLOGI<br>● Pejabat Dekan Fakulti Pergigian<br>● WBS: UM.0000036/KWJ.AK - A/K KHAS INSTITUT SAINS BIOLOGI<br>● GL: H724001 – Hasil Kajian Makmal |
| | **3. Purchase Order**: Request lab staff to provide quotation & invoice. |
| | **4. Cheque** to *Bendahari Universiti Malaya* |

***Kindly attached your proof of payment with this form.***

**Payment Reference Number: _____**

Please tick (√);

- I confirm that all information provided is true and agree to all terms and conditions.

| | | | |
|---|---|---|---|
| **Applicant Signature:** | | **Date:** | |

## PART C – LAB STAFF CONFIRMATION (To be completed by the lab staff)

| | |
|---|---|
| | Processing Approved. Proposed Date/Time of Use/ No. of Sample: _____ |
| | Not Applicable / Other Remarks: _____ |

| | | | |
|---|---|---|---|
| **Lab Staff Signature:** | | **Date:** | |

## PART D – APPROVAL BY SCIENCE OFFICER (CREDIT OFFICER)

I, hereby certify that the applicant is an external UM user who is **eligible/not eligible** to utilise the ISB laboratory services.

| | | | |
|---|---|---|---|
| **Credit officer signature:** | | **Date:** | |

## PART E – APPROVAL BY DEPARTMENT & FACULTY

| APPROVED BY | SIGNATURE & OFFICIAL STAMP | DATE |
|---|---|---|
| **Approver 1**: (Supervisor) - if applicable | | |
| **Approver 2**: (Head of Department) | | |

cc. Finance Unit, Faculty of Science, UM