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| Date In : |  |  | **/** |  |  | **/** |  |  |  |  |  | Batch No. : UPM/FS/FZK/ |  | / |  |

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|  | **PHYSICS DEPARTMENT, FACULTY OF SCIENCE** |
| **Application Form For Samples Analysis** |

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| **PART A : APPLICANT** | | | |
| **Name** |  | *To be filled by the Supervisor*  *(if applicable)* | |
| **Staff/Matric No.** |  | **Signature** |  |
| **Address**  (Lab/Department/Faculty/Institution) |  |
| **Official Stamp** |  |
| **Phone No.** |  |
| **E-mail** |  | **Research Vot. No.** |  |

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| **PART B : SAMPLES** | | |
| Test using : | | **X-RAY FLUORESCENCE (XRF)** |
| **NO.** | **SAMPLE’S NAME** | |
| 1. |  | |
| 2. |  | |
| 3. |  | |
| 4. |  | |
| 5. |  | |
| 6. |  | |
| 7. |  | |

|  |  |  |  |
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| **PART C : PAYMENT**  **(to TabungAmanahJabatanFizik – 64275)** | | | |
|  | **INVOICE** – please fill in SOK/KEW/BR045/AKN form |  | **CASH** – please pay at Bendahari 3 UPM |

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| **FOR OFFICE USE ONLY** | | | |
| No. of Samples |  | Date Received |  |
| Price/unit (RM) |  | Date Completed |  |
| Total (RM) |  | *(copy of completed invoice / receipt)*  Analyst’s Name & Signature | |
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