



# KULLIYAH OF SCIENCE

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

## BORROWING GLASSWARE FORM

**Section 1-** This section is to be filled by the applicant.

### A. Applicant's Detail Information

Name : \_\_\_\_\_  
Matrix/Staff No. : \_\_\_\_\_ Contact No. : \_\_\_\_\_  
Department/Kulliyah : \_\_\_\_\_  
Project Title : \_\_\_\_\_  
Supervisor : \_\_\_\_\_  
Co-Supervisor (if any) : \_\_\_\_\_  
Borrowing Date : (From) \_\_\_\_\_ (Until) \_\_\_\_\_

### B. Required Item(s)

No	Description of Item(s)	Volume	Quantity	Inventory Status (Office Use)	Remarks
1				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No*	

\* The delivery is based on the delivery term given by the supplier (1-3 months)

I hereby certify that the glassware(s) received is/are in good conditions. I will also adhere to all the rules and regulations posed on me by Kulliyah of Science as stipulated in the "Rules for Undergraduate and Postgraduates Working in Laboratories".

Recommended by;

Approved by;

\_\_\_\_\_  
(Supervisor/Co-Supervisor)  
Date:

\_\_\_\_\_  
(Science Officer /Assistant Science Officer)  
Date:

### Section 2- (Upon Giving)

Given by (Name, Initial &Date) : \_\_\_\_\_  
Borrowed by (Name, Initial &Date): \_\_\_\_\_

### Section 3- (Upon Returning)

Returned by (Name, Initial & Date): \_\_\_\_\_  
Received by (Name, Initial & Date) : \_\_\_\_\_

*\*Note: Please use additional space at the back of this page if space is insufficient  
: Please keep a copy for your reference*

No	Description of Item	Volume	Quantity	Inventory Status (Office Use)	Remarks
5				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
6				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
7				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
8				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
9				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
10				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
11				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
12				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
13				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
14				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
15				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
16				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
17				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
18				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
19				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
20				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
21				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
22				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
23				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
24				<input type="checkbox"/> Yes <input type="checkbox"/> No*	
25				<input type="checkbox"/> Yes <input type="checkbox"/> No*	