



BORROWING EQUIPMENT/ INSTRUMENTS FORM

1. DETAILS OF APPLICANT

Name :
IC/Matric No : Designation :
Phone No : Kul/Inst/Dept :

2. DETAILS OF EQUIPMENT/INSTRUMENTS USE

Date (from) : Date (till):
Time (from) : Time (till):
Purposes :
Location :

| No | Equipment/ Instruments | Unit (s) | Remarks |
|----|------------------------|----------|---------|
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**I will be responsible for the faulty and damage of the equipments/instruments.*

Signature of Applicant

Support by lecturer/ supervisor/ HOD

.....
Name of applicant
Date

.....
Name/ Stamp
Date

FOR OFFICE/LABORATORY USE

| | |
|---|--|
| Application can be considered/ not considered* | Application can be approved/ not approved* |
| Science Officer Signature and Stamp Date | Head Signature and Stamp Date |

DETAILS OF RETURNED EQUIPMENT/ INSTRUMENT

Returned by,

.....
Name:
Date:

| |
|---|
| <p>Approval I hereby confirmed received the instrument/ equipment in good conditions. Comment (if any):..... Signature/Stamp Date:</p> |
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