RESEARCH SUBSIDY APPLICATION FORM
ANIMAL RESEARCH AND SERVICE CENTRE

HEALTH CAMPUS ☐ MAIN CAMPUS ☐

FOR OFFICE USE	
Ref. No.	
Accepted Date	
Remark	

1	Name of Applicant	
2	School/Department Address	
3	Phone No.	
4	Email	
5	Grant No. * Please attach grant approval letter	
6	Grant Balance (RM) * Please attach recent statement	
7	Total of research subsidy requested a. Room Charges (RM) b. Cage Charges (RM) c. Transportation (RM) d. Other Services (RM) * Please state	

CONFIRMATION

I hereby declare that the details in this application form are true

Applicant's Signature: Date:

Name & Official Stamp:

FOR OFFICE USE

ADMINISTRATION SECTION		DIRECTOR APPROVAL
Received by:	Checked by:	Approved/Disapproved Room Charges (RM) : Cage Charges (RM) : Transportation (RM) : Other Services (RM) : Total (RM) :
Signature & Stamp:	Signature & Stamp:	
Date:	Date:	Signature & Stamp : Date :