



**UNIVERSITI TEKNOLOGI MALAYSIA
PAGOH CAMPUS**

Form No.	ICA/FB/2024/3
Version	1/2024
Date	15 May 2024

FACILITIES BOOKING FORM

General Rules and Requirements:

1. Please submit your event booking request at least 2 weeks prior to the event date to allow for proper scheduling and coordination.
2. All event booking requests are subject to approval by UTM Pagoh Campus administration. Submission of this form does not guarantee approval.
3. Event organizers are responsible for ensuring that their events comply with all relevant laws, regulations, and Universiti Teknologi Malaysia policies.
4. Event organizers are expected to leave the venue in the same condition as it was found. Any damages or excessive mess resulting from the event will be the responsibility of the organizer.
5. Please e-mail the complete form to utmpagoh@utm.my for processing and confirmation of your reservation.

1) APPLICANT'S PERSONAL PARTICULARS

Name of Applicant						
Status of Applicant	UTM Student:		Non-UTM Student:		Researcher:	
	Undergraduate		Undergraduate		UTM	
	Master		Master		Non-UTM: _____	
	PhD		PhD			
Institution/Company Address						
Tel/Fax				Email		
Funding (Vot No.)						

2) EVENT DETAILS

Event Name		Event Type	v
Date		Lecture	
Time		Academic Conference	
Target Audience		Workshops / Training	
Expected Attendance		Symposium	
Event Description		Competition	
		Awards Presentation	
		Others (please specify):	

3) FACILITIES BOOKING

SECTION A – GENERAL FACILITIES

Event Space	Pax	v	Note
Photosynthesis Meeting Room	30		
Chlorophyll Seminar Room	100		
Postgraduate Room	100		
Selasih Cafeteria Room	30		
Dolomite Syndicate Room	10		

SECTION B – ADDITIONAL ITEMS & SERVICE

Items / Service	v	Note
On-site support staff		
Setup & Post-event Cleanup		
Directions signage		
Video Conferencing		
PA System 100 watt		
PA System 500 watt		
Clip Mic / Ear Dock Mic		

SECTION C – ICA LABORATORY FACILITIES

LOCATION	EQUIPMENT	√	NOTE
Biochemistry Lab	Vacuum Oven		
	Western Blot		
	SDS- PAGE		
	Microplate Reader		
Sample Preparation Lab	Bench Space		
	Rotary Evaporator		
	Drying Oven		
	Concentrator		
	Centrifuge (Eppendorf)		
	Homogenizer		
	Autoclave		
Food Analysis Lab	Centrifuge (Kubota)		
	Drying Oven		
Microbiology Lab	Autoclave		
	Incubator		
	Incubator Shaker		
Soil Health Lab	Autotitrator		
	Distillation Unit		
Soil Testing Lab	Siever		
Cell Culture Lab	Inverted Microscope		
	CO2 Incubator		
Plant Tissue Culture Lab	Laminar Flow Cabinet		
	Incubation Room		
	Drying Oven		
	Autoclave		
	Biological safety Cabinet		
Advanced Drying Lab	Cold Room Storage		
Halal Incubator Lab	Kitchen Equipments		
	Packaging Equipments		
	Cold Storage		

SECTION D – RESEARCH FARM FACILITIES

LOCATION	EQUIPMENT	√	NOTE
Greenhouse	NFT System		
	Others :		
Nursery	Fertigation		
	Others :		
Farm Machinery	Skid Steer Loader		
	Mixer		
	Shredder		
	Tiller Attachment		
	Disc Plough Attachment		
	Others :		

4) APPLICANT DECLARATION	5) APPROVAL BY HEAD OF DEPARTMENT / DEPUTY REGISTRAR
<p>By signing this form, I take full responsibility for the services rendered</p> <p>Signature of Applicant :</p> <p>.....</p> <p>Name :</p> <p>Date :</p>	<p>Confirmed that the facility is required for official duties and request is supported</p> <p>Signature :</p> <p>.....</p> <p>Name :</p> <p>Date :</p>
FOR OFFICE USE	
Date received:	Invoice no:
Received by:	Receipt no:
Quotation no. :	Payment method : Cash/ Cheque / Invoice / EFT / Research vot
Remarks:	Payment details: