

RESEARCH/EXPERIMENTAL ACTIVITY APPLICATION FORM

Doc No: WF/01/adc-01-2



Research/Experimental Activity	Applicant Information (staff/student)				Start (month, year)	Finish (month, year)	Remarks
	No	Name	ID No.	Tel. No.			
	1						
	2						
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Group Leader Signature,

Supervisor Signature & Stamp,

Approved by,

Name:
ID No.:

Name:
Position:
Department:
Date:

Name:
Position:
Department:
Date:

NOTE:

1. THIS APPLICATION FORM MUST BE APPROVED BY ADC'S DIRECTOR OR RESEARCH OFFICER.
2. WORKING ACTIVITY MUST BE STOPPED BY 5.00 PM (SUNDAY - WEDNESDAY) & BY 3.30 PM (THURSDAY).
3. FOR WORKING ACTIVITY ON THE PUBLIC HOLIDAY/ WEEKEND AND AFTER THE WORKING HOURS ON THE WORKING DAY, THE APPLICANT/OPERATOR MUST SEEK APPROVAL FROM ADC DIRECTOR/RESEARCH OFFICER.
4. THE APPLICANT MUST REFER AND UNDERSTAND THE ADMINISTRATION APPROVAL WORKFLOW, ACTIVITY WORKFLOW AND SAFE OPERATING PROCEDURE **(PLEASE REFER [whhttps://research.utm.my/adc/forms-guidelines/](https://research.utm.my/adc/forms-guidelines/))**
5. READ AND SIGNED THE OCCUPATIONAL SAFETY COMPLIANCE FORM (FORM WF/01/adc-02-1), THEN SUBMIT TO ADC OFFICE TOGETHER WITH THIS FORM