



**APPLICATION FOR USE OF GENERAL FACILITIES**

Name of applicant:		Designation/Position:	
Matric / Staff no.:			
Signature:		Date:	
Department/ Faculty:		Institution:	
Contact (Tel/HP/Pgr):		e-mail:	

COE	
ECE	
FoE	
NUSNNI	
NUS	
RIC	
External	
Charge	
FOC	

Manager / Supervisor*:		Designation/Position:	
Signature:		Date:	
Department/ Faculty:		Institution	

\*Required if applicant is a student or an RIC staff.

Short description of equipment use / sample type:
---

**REQUEST FOR USE OF EQUIPMENT**

Equipments	Operator required
ICP	
MRD-X rays	
LT-PL	
Micro-PL	
E-beam Evaporator	

Rate	Hrs	Trained (date)	Permission authorized

Other equipments	Operator required
Photolithography process	
RTP	
ECV	
Probe station	

Rate	Hrs	Trained (date)	Permission authorized

Processing facilities	Operator required
Yellow Room	
Sample preparation	

Trained (date)	Permission authorized

**FOR COE ADMINISTRATIVE USE ONLY**

Approved by:		Signature:	
Date of approval:		Approval expiry date:	