

Registration Form for Smart Lock & Equipment Booking System

Please complete ALL information requested, failure to do so will delay processing of your application

Please complete in **BLOCK CAPITALS**

APPLICANT INFORMATION											
Name:	Look Name (in PLOC	OK latter)	First Name (i	- PLOCK	latter\			中文名字			
	Last Name (in BLOCK letter) First Name (in BLOCK				letter)			1221			
Status:	 □ New Application □ Extend Contract □ Change Card □ Res □ Res 			nical Staff arch Student (MPhil / MSc / PhD) arch Staff (Postdoc / Research Associate / earch Assistant / Others) nical Assistant (Graduate / Undergraduate)							
	□ SKLMP Member Supervisor:										
User Type:	□ Non-SKLMP Men	Institution/Department:									
	SKLMP Host (if applicable):										
CityU ID Card No.:			()	Cityl	J EID:			(MUST PROVIDE)			
Valid Period:	DD /	MM /	YYYY	to	DD		/ MM	/ YYYY			
	Contract or studentship duration (the maximum duration of validity for Non-SKLMP Member is limited to six months)										
University E-mail Address:						Со	ntact No:				
Safety Training Date:	Department Safety II	nduction F	Finished on:	DD	/ MM	/	YYYY	Verified by Department Safety Officer			
Jaioty Training Date.	Web-based Finished on: (except Non-CityU User)			DD	/ MM	/	YYYY				
Risk Assessment Form Submission Date:			DD	/ MM	/	YYYY					
Signature of Applicant:					Date:						
							DD /	MM / YYYY			
Supervisor Approval:	Prof. / Dr.										
Name (in BLOCK letter)					Signature						

Last updated: March 2024



EQUIPMENT LIST				PERSO	N-IN-	E	Endorsed by			
				CHAR	GE					
□ Agilent 7890A/5 □ Frontier Lab Py □ Thermo Fisher □ Thermo Fisher □ Agilent 1290 In: □ Agilent 1290 UI: □ Thermo Scienti □ Waters Alliance □ Accelerated So □ Labconco Free: □ Automated Gel □ Elementar Vario		Dr. Jiajur								
□BD FASC Aria I □The MiniSeq Sy □Danio Vision Sy □MAX-IMAGING □DIVING- PAM-II □QIA amplifier 96 □ABI Real-time F □Bio-Rad C1000 □Bio-Rad Touch □Molecular Devic	o II Flow Cytometer II Flow Cytometer stem stem with Etho Vision XT soft -PAM CHLOROPHYII FLUOR			Dr. Cindy	TAN					
FOR OFFICE USE ONLY		(Form Re	ceived Date	: DD	/	MM	/	YYYY)	
Endorsed by Dr. WU Jiajun:			Date	ı: DD	/	MM	/	YYYY		
Data Input by:	Name	Signature	Date	: DD	/	MM	/	YYYY		

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