



RESEARCH STAFF ASSISTANT FORM

1. RESEARCHER NAME:
2. FACULTY /UNIVERSITY/INDUSTRY ADDRESS:
3. PROJECT TITLE:
.....
4. DURATION DATE /DATELINE:
5. METHOD /PROTOCOL USED: (ATTACHED APPENDIX WITH THE FORM)
6. LIST OF PREPARATION:

BIL	TYPE SAMPLE/ KIT/ CHEMICALS/MACHINE	REMARKS

RESEARCHER SIGNATURE,

.....

() DATE :

*(FOR OFFICE USE ONLY)*** WILL BE REPLIED 2 DAYS AFTER FORM SUBMITTED*

DEAR SIR/MADAM,

APPLICATION FOR RESEARCH STAFF ASSISTANT APPROVED / NOT APPROVED AND CHARGED /WITHOUT CHARGED.

WE APPOINTED (STAFF NAME) TO ASSIST YOUR RESEARCH PROJECT.

**** ACKNOWLEDGEMENT FOR THE STAFF INVOLVED ARE VERY MUCH APPRECIATED*

Action by,

.....

Science Officer,

Date :

Verified by,

.....

Dean,

Date: