

**Application Form for a Walk-In Growth Chamber
in the Biotechnology Center, NCHU**

(one for each room)

Date: year/month/date

Department		Signature of P.I.		Signature of Contact Person	
Tel.		E-mail			
Date of Lease	From: (YY/MM/DD)		To:		
Project title					
Type of Plant					
Type of Experiment	<input type="checkbox"/> Growth Investigation <input type="checkbox"/> Seed Collection <input type="checkbox"/> Special Treatment _____ <input type="checkbox"/> Other _____				
<input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal Type of Chamber <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3					
(BTC only)					
Review Results	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree :				(核章)
	ID card and Effective Date	Name on ID card : From: To:			(核章)
	<input type="checkbox"/> Acknowledgement of receipt of key and instruction manual.				(領取人簽章)
Type	110V electricity	220V temperature	380V lux panel	Date and Time	
Starting number					
Terminated number					
total					
total counts					
Payment	Amount =NT\$				
	Total payment= (# of months x1500) + (total counts x4.2)=NT\$				
	Date of Receipt		No. of Receipt		
<input type="checkbox"/> Pre-Issued Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Project transfer <input type="checkbox"/> Quotation (Date:)					(核章)
Case Terminated	<input type="checkbox"/> Paid the due amount <input type="checkbox"/> Have Returned all Borrowed Items <input type="checkbox"/> Pass the inspection				(核章)

Announcements	<ol style="list-style-type: none"><li data-bbox="352 125 1369 159">1. Please bring your application form to Room 501, 5th Floor, Biotechnology Center.<li data-bbox="352 165 1385 232">2. Staff/student ID card is required for the building and floor access code. Access will be denied if you do not extend the contract after the effective date.<li data-bbox="352 239 1406 306">3. Once the above-mentioned requirements are met, the key and instruction manual will be made available to the applicant.<li data-bbox="352 313 1390 380">4. When the project is terminated, please pay the maintenance fee, return all items you have borrowed and clean the chamber.
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Labeling of Project

Growth chamber number No.: _____

Experiment Starting From: YY/MM/DD To: YY/MM/DD

	Name	Department	Contact Tel.
Project of P. I.			
Operator			
Emergency Contact Person			
Project Title			
Type of Plant			
Type of Experiment	<input type="checkbox"/> Investigation of Growth <input type="checkbox"/> Seed Collection <input type="checkbox"/> Special Treatment _____ <input type="checkbox"/> Others, please describe: _____		