**(For official use only)**

**RIHS-LAB-FM04**

**Request no……………………………….**

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| **Keycard Request Form** |
| **Division of Laboratory for Research**, **Research Institute for Health Sciences (RIHS)** |
| **Part I:**  **applicant** |
| Project title ..................................................................................................................................................................................................... |
| Name-Surname ............................................................................................... | Contact Tel: ................................................................ |
| Booking date: ......................................... End date: ......................................  | Keycard Receiving Date: ........................................... |
|  |  |
| **Notice:** If a key card is damaged or lost, the recipient will be charged 300 baht per one key card. |

 **Key card recipient**

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 (......................................................)

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| **Part II: For official use only** |
| Keycard Loading Date: ........................ | Keycard number: ............................ | Keycard Return Date: .................................... |
| Keycard condition: |  Intact |  Damaged / lost/ others ………………………………………………………….. |
|  Authorized Signature ....................................................... (......................................................) Date ............................................ |