



**For IBBC use only**

Registration no.:

Date received:

*The Leader In Research and Innovation*

**INSTITUTIONAL BIOSAFETY & BIOSECURITY COMMITTEE (IBBC)  
UNIVERSITI MALAYA**

**PERSONNEL BIOSECURITY REGISTRATION FORM**

**Part A: Personal Details**

First name:	Family name:	Most Recent Passport Photo
Gender:	IC (new):	
Nationality:	Date of Birth:	
Marital Status:	Passport number:	
Present position:	Date of appointment:	
Current address:		
Permanent Address:		
Office Phone no.:	Mobile phone no.:	E-mail:
Contact person in the case of emergency: (Name/Telephone number)		

**Part B: Present Research**

Principal Investigator (PI):
Address:

IBBC Registration No:	
Project title:	
Infectious or potentially infectious agent/material or biological toxin to be used in the study:	
Risk group of agent/material or toxin (refer to Akta Pencegahan dan Pengawalan Penyakit Berjangkit 1998):	Biosafety level:

**Part C: Past Research**

Principal Investigator (PI):		
Address ( <i>where the project was performed</i> ):		
Office Phone no.:	Mobile phone no.:	Email :
Project title:		
Infectious or potentially infectious agent/material or biological toxin used in the project:		
Risk group of agent/material or toxin (refer to Akta Pencegahan dan Pengawalan Penyakit Berjangkit 1998):	Biosafety level:	

**PART D: APPLICANT’S DECLARATION**

	YES	NO
Do you have a mental or physical disorder that poses a threat to the safety or welfare of yourself or others?		
Are you or have ever been a drug abuser or addict?		
Have you ever been arrested or convicted for any offense or crime?		
Do you seek to engage in terrorist activities or have you ever engaged in terrorist activities?		

Are you a member or representative of a terrorist organisation?		
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**I certify that the above statements are correct. I understand that the Universiti Malaya and IBBC have the right to review and investigate my education, previous employment, criminal records and other biosecurity relevant background data.**

**I have read and understood that I have to follow and abide to all the relevant biosafety and biosecurity requirements and practices.**

**Signature and stamp of PI**

**Date**

<b>FOR IBBC OFFICIAL USE ONLY</b>		
<b>Decision by Institutional Biosafety &amp; Biosecurity Committee</b>		
Approved	Not Approved	Required support document
<b>Signature of IBBC Chairman:</b>		<b>Date:</b>

***Adapted from: Personnel Biosecurity Registration Form, Medical Microbiology Department, Universiti Malaya***