

DECLARATION

I ----- (*name of radiation worker*) certify that the information given above are true to the best of my knowledge. I further undertake that

1. I will always wear Personnel Monitoring (PM) badges while working in radiation field. I will not share the PM badge with any other person. I will keep the badges at the designated location while not in use and will not leave them in the radiation area.
2. I will not tamper with the PM badge. In case of damage/contamination/fall in radiation area or any accidental exposure to the badge, I will inform the RSO/ Head of the institution.
3. I will inform the RSO/ management in the event of any incident causing damage to the source/ device while handling or any other alarming situation involving the radiation source.
4. I will submit the Dose certificate to the service provider for the dose received on foreign/abroad assignments.

Signature of Radiation Worker: -----

(Date)

I ----- (*name of RSO*) certify that Mr. ----- (*name of radiation worker*) has undergone the required training in Radiation protection and use of personnel monitoring devices. I undertake to ensure proper use of personnel monitoring device and to return the used badge promptly to the processing laboratory at the end of monitoring period.

Signature of RSO: -----
(Date)

Signature of Head of institution: -----
(Date)

Instructions for filling the form & despatching in the next page...

The duly filled form shall be sent to:

Avanttec Laboratories (P) Ltd.,
Plot # 17, Arignar Anna Industrial Estate,
Mettukuppam, Vanagaram,
Chennai - 600 095.
Tele / Fax: 044 - 2386 2024,25
Mobile: 98843 57891, 9444400385
Email: tldlab@avanttec.net

Personnel data updated in NODRS

Name:

Signature:

Date:

Instructions for filling:

1. Please fill the form with correct data, giving all the required information, after carefully reading it.
2. In case of absence of ADHAR number indicate the type of identity card such as PAN card/Ration card/Driving license/voter card etc and its number in the first row of Sr. no of 14.
3. Sr.No. 16 A & B is related to previous radiation work record; Hence information of previous work shall be given in these boxes. If the worker has not worked outside India, do not fill 16 A (a & b). If you are getting involved in the radiation work for the 1st time, leave fields in Sr. No 16 blank.
4. The form must be signed by the worker and approved by the Head of the institution/ RSO.
5. **Please note that the correct filling of data is in your interest.**
6. **All radiation workers should fill this form.**