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ADHAR Card No. :									
15. Badge requirement: Chest TLD badge Chest + Wrist TLD badge Neutron badge									
16. <u>Radiation work history</u> : YES NO   A. (a) Have you worked with radiation in foreign institution prior to joining the present institution? YES NO									
]									
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## **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:	Signature of Head of institution:
(Date)	(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 1<sup>st</sup> 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.