

**TO,**

**RENENTECH LABORATORIES PVT LTD**

C-106, Synthofine Industrial Estate, Off Aarey Road,

Goregaon (East), Mumbai -400063.India.

Tel /Fax No.: 022-40037474

Email : prms@renentech.com

I (Name) \_\_\_\_\_, working at the post of \_\_\_\_\_ in the Department of \_\_\_\_\_ need to wear the personnel monitoring device for monitoring the radiation exposure as per the directives of Atomic Energy Regulatory Board of India (AERB).

Please find my complete application in the required format attached. My application has been carefully and completely filled to the best of my knowledge.

1. I will always wear Personal 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.
5. I will collect my PM badge by visiting the required office of the RSO / authorized personnel and will get it replaced time to time as will be required.
6. I will deposit the TLD badge to the RSO / authorized personnel before leaving the Institution.
7. In case of loss of PM badge, I will submit the penalty to the Institution as will be decided and imposed by the competent authority.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Name in capital letters\_\_\_\_\_

Email\_\_\_\_\_

Mobile No.\_\_\_\_\_



**16. Radiation work history:**

- A. (a) Have you worked with radiation in **foreign** institution prior to **joining the present institution**? 

Yes		No	
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- (b) If the answer is "YES", then total effective dose received 

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(Please attach copy of dose certificate)
- B. (a) Have you worked with radiation in any institution in **India** prior to Joining the present institution? : 

Yes		No	
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- ( b ) Have you availed personal monitoring in previous institution? 

Yes		No	
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- (c) If the answer is "YES", please give the following details:  
(In case of more than one institution, please furnish the information on a separate sheet)

(i) **Institution Number:**

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 (ii) **Personal No.:**

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(iii) Duration of work: **From (MM/YY):**

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**To (MM/YY):**

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(iv) Name and address of **previous institution:**

	<b>PIN</b>

**DECLARATION**

- I, \_\_\_\_\_ (name of radiation worker) certify that the information given above are true to the best of my knowledge. I further undertake that
- I will always wear Personal 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.
  - 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.
  - 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.
  - 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 personal monitoring devices. I undertake to ensure proper use of personal 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):

**The duly filled form shall be sent to:**  
**RENENTECH LABORATORIES PVT LTD**  
**C-106, Synthofine Industrial Estate,**  
**Off Aarey Road, Goregaon (East),**  
**Mumbai -400063.India.**  
**Tel /Fax No.: 022-40037474**  
**Email : prms@renentech.com**

Personal Data updated in NODRS  
Name: Signature: Date:

- Instructions for filling:**
- Please fill the form with correct data, giving all the required information, after carefully reading it.
  - 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.
  - 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.
  - The form must be signed by the worker and approved by the Head of the institution/ RSO.
  - Please note that the correct filling of data is in your interest.**