Non-DAE/PDF-2

ULTRA TECH LABORATORIES PVT LTD

Cloth Market, Kumhari (Bhilai-Raipur NH 6)P.O. Kumhari – 490042 Dist. Durg (Chhattisgarh)

Phone No. +919981212431/8103322445E-mail: <u>utechlabnew@gmail.com</u>

Affix 3.5cm x2.5cm recent photo of radiation worker

PERSONAL DATA OF RADIATION WORKER (Instructions: Use block letters & leave one blank square between each word. Fields with *are mendatory)

1.Institution Number: 2. Personal No.: 3.E-lora No.: **4.Name &** Address of Present institution*: PIN 5. Name in Full of Radiation Personnel*: (Salutation) Mr./Mrs./Ms/Dr. (Name) 6. Name of Father (Salutation) 7.Personal Contact Details*: Email ID*: ____ Mobile No.*:___ (Put **X** in applicable box) 8. Date of Birth*: 11.state*: 10 .Birth Place*: 12. Qualification*: (Mark "X" in applicable box, If not available specify in box for' Others') Post Graduate Graduate Doctorate Engineer HSC Med. Doctor Engg. Diploma SSC Others 13 . Designation:* (Mark "X" in applicable box, If none is applicable, specify details in box for' Others') Med. Physicist R.S.O Site-in-charge Scientist Radiologist Rad. Therapist Radiographer Technician Scientific Assistant Supervisor Service Engineer Nurse Ward boy/Ayah Helper Trainee Other 14. Nature of Work*: (Mark "X" in applicable box/es, If none is applicable, specify details in box for' Others') Diagnost. Radiography Intervent. Radiology Fluoroscopy CT Scann Dental Radiography Nuclear Medicine Radiotherapy **Brachy Therapy** Med. Accelerator Ind. Radiograph Ind. Accelerator Irradiator Nucl. Gauge Mining / Milling Luminous Painting Well Logging X-Ray Diffraction Agriculture Research Quality Audit Surveillance /Safety Sterilization Veterinary Others **15.Type of Employment/ work**: (Mark "X" in applicable box) Temporary / Casual Regular Consultancy 16.Type of ID.: **ADHAR Card No*.:** 17.Badge requirement: ChestTLDbadge **Chest + Wrist TLDbadge**

8. A.	Radiation work history: (a) Have you worked with radiation in foreign institution prior to joining the present institution?	YES NO
	(b) If the answer is "YES", then total effective dose received (Please attach copy of dose certificate)	mSv
В.	(a) Have you worked with radiation in any institution in India prior to Joining the present institution? :(b) Have you availed personal monitoring in previous institution?	YES NO YES NO
	(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)	et)
	(i) Institution Number: (ii)Personal No.:	
	(iii) Duration of work: From (MM/YY):	
	(iv) Name and address of previous institution :	
	PIN	
S		diation field. I will not share the PM on while not in use and will not leave I in radiation area or any accidental damage to the source/ device while on foreign/abroad assignments.
**Note:An Anual fees of INR 1074.00 is to be Paid along with every application as per present rate. The duly filled form shall be sent to: ULTRA TECH LABORATORIES PVT LTD		
Cloth Market, Kumhari (Bhilai-Raipur NH 6)P.O. Kumhari – 490042Dist. Durg (Chhattisgarh) Phone No. +919981212431/8103322445E-mail: utechlabnew@gmail.com		
	For office use	
	Personal Data updated in NODRS	
	Name: Signature;	Date:
	Instructions for filling: 1. Please fill the form with correct data, giving all the required information, after ca	

- 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
- 2. In case of absence of ADHAR number indicate the type of identity card such as PAN card/Rashan card/Driving
- 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.