

# Application of working in Radiation Areas

\*Please write in **BLOCK** letters.

Date : \_\_\_\_\_  
month / day / year

TO RCNP DIRECTOR

I n s t i t u t i o n : \_\_\_\_\_

N a m e o f A p p r o v e r : \_\_\_\_\_

P o s i t i o n o f A p p r o v e r : \_\_\_\_\_

N a m e o f R a d i a t i o n S a f e t y O f f i c e r : \_\_\_\_\_

E - M a i l a d d r e s s : \_\_\_\_\_

The letter is to confirm that Mr./ Ms. \_\_\_\_\_  
can work as Visitor Users in Radiation Controlled Areas of RCNP Facilities.

Full Name : \_\_\_\_\_ Gender : ☐ M ☐ F

Date of Birth : \_\_\_\_\_ Institute position: \_\_\_\_\_  
month / day / year

Duration of Working RCNP : From \_\_\_\_\_ until \_\_\_\_\_  
month / day / year month / day / year  
(within 1 fiscal year ending 31 March)

Monitor the Radiation : ☐ Yes ☐ No

Type of Radiation Monitoring : ☐ Film badge, ☐ TLD, ☐ \_\_\_\_\_

Dose exposed during last year :

- ☐ effective dose (1cm) \_\_\_\_\_ mSv  
☐ eye lens (3mm) \_\_\_\_\_ mSv  
☐ skin (70  $\mu$  Sv) \_\_\_\_\_ mSv

Medical Examination for Radiation Exposure :

☐ Done ☐ Not yet

\*A medical check within this 1 year is required to work at radiation zone.

Educated about Radiation Safety :

☐ Yes : Date \_\_\_\_\_ ☐ Not yet  
month / day / year

\*Education about Radiation Safety within this 1 year is required