



RPTSD - SLAEB

Application Form

Training Course on Basic Radiation Protection

PART A

(Participant shall complete)

1. Full name (in block letters):

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2. Name with Initials (in block letters):

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3. Sex: Male ☐ Female ☐

4. Age:

5. Employment Information:

Designation:

Institute Name:

Department/Section Name:

6. Contact Information:

Official

Private

Address:
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.....
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Tel. No:
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Fax No:
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Email:
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7. Highest Educational Qualification:
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8. Experience in the field :
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9. Please state the reason/s you desire to take this course, and how it relates to your current or future professional activities.

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10. I hereby certify that above particulars are true and correct.

Applicant's signature.....

Date.....

11. Payment of the course fee,

☐

I will personally pay the course fee

☐

My employer will pay the course fee

****Note: If the payment is personally paid, the applicant shall deposit a non-refundable minimum of Rs. 2000.00 to the Bank Account mentioned in the prospectus and attach a clear copy of the payment slip with duly filled application.***

If the payment is paid by the employer/institute, an official letter shall accompany the application confirming the consent of the employer on payment.

PART B

(Responsible officer of the Institute shall complete)

Name of the Institution:.....

Name of the Head of Dept. /Institution or supervisor or training manager:

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Contact Information:

Tel. No..... Email:.....

I hereby certify that the above nominee is an employee of this institute and the course fee will be paid by the institute.

Signature of the Head of Dept. / Institution or supervisor or training manager:

Date:

Official Stamp: