

## GOVERNMENT OF INDIA **ATOMIC ENERGY REGULATORY BOARD** NIYAMAK BHAVAN, ANUSHAKTINAGAR, MUMBAI – 400 094



AERB/RSD/DRG-Course

## INFORMATION REGARDING THE COURSE CONDUCTED FOR X-RAY TECHNOLOGISTS IN DIAGNOSTIC RADIOLOGY

(Please send the filled in form to the Head, Radiological Safety Division, AERB, Niyamak Bhavan, Anushaktinagar, Mumbai-400094 so as to evaluate the training programme conducted by your institution for Radiation Therapy Technologists as per AERB requirements. Attach extra sheets if required)

1.	Name & address of the Institution	:			
2.	Name and Designation of Head of the institution	on:			
3.	Name and Designation of the Person Coordinating for the course	:			
	(a) Telephone No.(with STD code)	:			
	(b) Fax No.	:			
	(c) e-mail	:			
4.	Name of the training Course in full (in capital letters)	:			
5.	Abbreviation of the training Course, if any [like B.Sc. (MIT), B.Sc. (DR) etc.]	:			
6.	Since how long the training programme is bein conducted	ıg:		ye	ar(s)
7.	Is it affiliated to any education Board/Universi	ty:	Yes 🗌	No 🗌	
	(a) If yes, Name of education Board/University (please attach a copy of the affiliation letter, failing to which application will not be processed)	<i>y</i> :			
8.	Maximum Intake of students for the course:				
9.	Basic Qualification for admission to the course	e :	Matriculate 10+2 in Scien 10+2 in any of Graduate in S Graduate in a Any other sp	discipline Science any discipline	
10.	Duration of the course	:	1 year 2 years 3 years Any other spe	ecify:	

11. Subjects included in the Syllabus (Give percentage-wise subject covered)		ncluded in the Syllabus : Dia ntage-wise subject covered)	: Diagnostic Radiology /			
		Any other	er specify:		/%	
12.		he enclosed syllabus on radiation safety in the training programme	:	Yes 🗌	No 🗌	
	(a) If NO, Full sy	list the topics of the enclosed syllabus not yllabus SHOULD NOT BE SENT for ve	covered in rification.	n a separate shee	t.	
13.	Qualifying	g Board/University examination includes:				
	Sr. No.	Title of the paper		Total marks	Pass marks	
	A A	THEORY		Total marks	1 dos marks	
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	В	PRACTICLE		_		
	1.					
	2.					
	3.					
	Total mark	ks of the course (Theory):  (Practical):				

Passing Criteria of Board/University :

## $14. Availability\ of\ type\ of\ X-ray\ equipment\ in\ your\ institute\ \&\ duration\ of\ in-field\ training\ provided\ to\ the\ trainees:$

(Kindly provide information in below given table, attach extra sheet, if required))

Type of equipment	No. of Units	Period/Duration allotted for training (months)	Make & Model	Year of Commissioning	Remark	
Computed		,				
Tomography (CT)						
Tomography (CT)						
Interventional						
Radiology (IR)						
radiology (III)						
Radiography						
Radiography						
D - 1: 1 /						
Radiography/						
Fluoroscopy						
Mammography						
C-Arm						
(Radiography)						
(Radiography)						
Mahila Dadia manha						
Mobile Radiography						
Bone Mineral						
Densitometer(BMD)						
Orthopan						
Tomography (OPG						
Denta						
Any other (Please						
Specify)						
				_	_	
	15. Whether all the above X-ray equipment are available in your institute: Yes \( \scale \) No \( \scale \)					
If "No", kindly provide the details on a separate sheet.						
16. Whether the above equipment are being used clinically in your institute: Yes \( \scale \) No \( \scale \)						
17. Whether your institute has obtained Licence/Registration from AERB for operation of						
above X-ray equipa	ment:			Yes [	No	
				_		

18. On successful completion of the training programme, the trainees are eligible to work in: (Kindly, tick the applicable)						
Computed Tomography	Interventional Radiol	logy Radiography Dental				
Radiography/ Fluoroscopy	Mammography	C-Arm (Radiography)				
Radiography (Mobile)	Bone Mineral Densito	ometer  Orthopaptomography				
19. Whether the certificate /n	nark sheet for the said	course indicates the area in which he/she is	;			
trained & eligible to work:		Yes No No				
20. Available teaching faculty with their qualifications: (Kindly attach extra sheet):						
21. Any other information:						
	SEAL	Signature of the Head of Institution				
Place:		Name:				
Date:		Designation:				

For minimum qualifications required for Diagnostic Radiology) X-ray Technologist, kindly refer AERB Safety Code AERB/SC/MED-2(Rev.1), 2001 and amendments issued time to time under Atomic Energy Act-1962. The extract regarding qualification details for the personnel working in Diagnostic Radiology is attached herewith for your ready reference.