PERSONAL MONITORING SERVICE



ATOMIC ENERGY AUTHORITY

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Bio-data of Radiation Protection Officer

Instructions: Use Block Capital Letters, Leave a Space (blank) after each word and initial. Delete inapplicable words.

1.	Full Name in Block Capital letters (Prof/Dr./Mr./Mrs./Miss.)																			
	(=====)																			
2.	Name with initials:																			
3.	Date of birth:			У	У	У	У	n	n m	n d	d				Age	:			yrs	
4.	National Identity Card N	o.:																		
5	Position:														 					
6	Official Address: Dept/Section/Unit/Lab: Institution :														 •••••			•••••		
	Town/City:										l	Post	al Co	ode:						
7.	Contact details: Official Tel. No:]	Mob	ile N	o :				 					
	Email:		Stre	eet:					••••					• • • • •	 					
8.	Educational Qualification	1s:													 					.
	Years of work experience	in th		leva	nt f	ield	& ty	pe o	f wo	rk					 					
Dec	Brief description of type of X-ray Equipment used in y laration: I am aware my duties and	our u	nit/se	ectio	on/D	-	}	••••		• • • • •			••••	• • • • • •	 • • • • • •	••••				
	(AEA) as the Radiation Pro I hereby agree to abide by AEA.) I do hereby declare that the	the r	ules a	and	regu	ılatio										_				
_	te:	-													-		_			
Fo	r Head of the institute:																			
	ereby certify that the persor ction/ Dept. of this institute																	Lab/	Unit	/
Na	me of the Head of the Instit	ution	/Dep	artr	nent	:									 					
Sig	gnature of the Head:								(Offici	al St	tamp):							
En	l: (office & Mobile) : nail: te																			

Note: Terms & conditions for Government Hospitals and other institutions are given in PMS/INS-01.

Instructions to the RPO in Government hospitals and other institutions are given in PMS/INS-02.

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