

**APPLICATION FORM**

**National Training Course on Radiation Protection for Radiation Protection Officers (RPOs)/ Operators Working in Diagnostic X-ray Facilities**

**19-21 August, 2026**

- 1. Full Name : .....
- 2. Sex : Male/Female
- 3. Age : ..... NIC No.: .....
- 4. Occupation : ..... SLMC registration no. : .....
- 5. Address

Official (Including name of the institute)	Home

- 6. Contact No. ; Office- Tel : ..... Fax : .....
- Mobile : ..... Whatsapp: .....(compulsory)
- Email : .....

7. Educational and professional qualifications :  
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8. Type of work engaged and working experience in the relevant field:  
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.....

9. Brief description of type of equipment used in your institute:  
.....  
.....

10. Training certificates already available on Radiation Safety;  
Name of the training : .....

Training code, if available: .....

Date of expiry : .....

I certify the above particulars are true.

.....  
Signature of applicant Date

Recommendation of the Head of the Institute;

.....  
Signature & Title with Seal Date

Applications should be submitted through the Head of the institute.\*