AVANTTEC LABORATORIES PVT. LTD.

76, Ground floor, 7th Street, Porur Gardens, Phase - I, Chennai - 600 095.
(BARC accredited Laboratory for TLD Personnel Monitoring of Radiation workers in India)

PERSONAL DATA (TLD/4) FORM

(Please use block letters and leave one blank square between each word)

1. Institution Number:

2. Personal No.:

3. Name and Address of Present Institution:

PIN

4. Name in Full of the Radiation Worker: Shri / Smt. / Kum / Dr.

5. Name with Initials:

6. Name of father/Husband:

7. Date of Birth:(Christian era):

8. Sex: M F

9. Place of Birth: (Village /Town)

State:

10. Qualification (Mark X in applicable box):

☐ Post Graduate ☐ Doctorate ☐ Engineer ☐ Graduate

☐ Med. Doctor ☐ Engg Dip ☐ SSC/H ☐ Others

11. Designation (mark X in applicable box):

RSO ☐ Site-in-Charge ☐ Radiographer ☐ Med.Physicist ☐

Nurse ☐ Radiologist ☐ Radio Therapist ☐ Technician ☐

Scientist ☐ Trainee ☐ Ward boy/Ayah ☐ Others ☐

12. Nature of Work (Mark X in applicable box):

☐ Ind. Radiography	☐ Ind. X- Rays	☐ Luminous Paint	☐ Diag. X-ray
☐ Nucl. Gauges	☐ Radiotherapy	☐ Nucl. Med	☐ Dental Radiography
☐ Reactor	☐ Civil Maint.	☐ Mech. Maint.	☐ Elec.Maint
☐ Control Maint.	☐ Health Phys.	☐ Fuel Fabrication	☐ Research
☐ Mining & Milling	☐ Well Logging	☐ Others	

13. a) Have you worked with radiation prior to joining the present institution:

Yes ☐ No ☐

b) If the answer is "Yes" Duration of Work from (Yr) ☐ to (Yr) ☐

14. a) Have you availed the personnel monitoring service in the previous institution:

Yes ☐ No ☐

b)If the answer is "Yes", Please give the following details:
(In case of more than one institution, please furnish the information on a separate sheet)

15. Institution Number: ☐☐☐☐

16. Personal Number: ☐☐☐☐

17. Duration of work: From (Year) ☐☐☐☐ To (Year) ☐☐☐☐

18. Name & Address of Previous Institution:

												PIN											

18. TLD badge required for CHEST only/both CHEST & WRIST
19. Details of radiation sources to be handled:

Signature of Head/RSO of present Institution
Date:

Signature of Radiation Worker
Date:

<u>Completed forms are to be returned to</u>

Avanttec Laboratories (P) Ltd,
No. 76, Ground floor, 7th Street, Porur Gardens Phase I , Chennai: 600 095.

Note: 1. Kindly make extra copies of this form if required.
2. Addition of any new names for the service must be accompanied by this form one each per person.