



PERSONAL RADIATION MONITORING SERVICE (PRMS)

AMENDMENT FORM

PRMS SUBSCRIBER NUMBER:

WORKERS TO BE ADDED/REMOVED*

Total No. of Workers currently being monitored	
No. of Workers to be Added to present list	
No. of Workers to be Removed from present list	

* Please provide details of worker(s) to be added/ removed in the attached sheet

DURATION OF MONITORING PERIOD:

REQUEST MADE BY:

Name			
Designation			
Organisation			
Signature		Date	

For office use only:

A	<input type="checkbox"/>	R	<input type="checkbox"/>
.....			

WORKER(S) TO BE ADDED*

1.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>
	NIC Number: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F
	Occupation: _____
2.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>
	NIC Number: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F
	Occupation: _____
3.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>
	NIC Number: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F
	Occupation: _____
4.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>
	NIC Number: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F
	Occupation: _____
5.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>
	NIC Number: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F
	Occupation: _____

WORKER(S) TO BE REMOVED*

1.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>
2.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>
3.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>
4.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>
5.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>
6.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>
7.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>
8.	Surname: <input type="text"/>
	Other Name(s): <input type="text"/>