



## PERSONAL RADIATION MONITORING SERVICE (PRMS)

### APPLICATION FORM

#### 1. APPLICANT

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#### 2. DETAILS OF CONTACT PERSON

<b>Name</b>					
<b>Designation</b>					
<b>Address</b>					
<b>Tel</b>		<b>Fax</b>		<b>Email</b>	

#### 3. TYPE OF SERVICE REQUIRED

Please tick **only one** type of service. Use separate Application Form if more than one service is required.

A.	Whole Body Dosimeters ( <i>Monitoring Period 3 Months</i> )	<input type="checkbox"/>
B.	Whole Body Dosimeters ( <i>Monitoring Period 1 Month</i> )	<input type="checkbox"/>
C.	Wrist Dosimeters ( <i>Monitoring Period 3 Months</i> )	<input type="checkbox"/>
D.	Wrist Dosimeters ( <i>Monitoring Period 1 Month</i> )	<input type="checkbox"/>
Number of Dosimeters requested:		<input type="text"/>
<i>Details of worker(s) to be monitored should be provided in the attached sheet</i>		

#### 4. REQUEST MADE BY

Name: _____	Signature: _____
Designation: _____	Date: _____

*For office use only:*

PRMS Subscription Number: PRMS - <input type="text"/>	
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**5. DETAILS OF WORKER(S) TO BE MONITORED**

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:	<input type="text"/>
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:	<input type="text"/>
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:	<input type="text"/>
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:	<input type="text"/>
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:	<input type="text"/>
6.	Surname:	<input type="text"/>
	Other Name(s):	<input type="text"/>
	NIC Number:	<input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F
	Occupation:	<input type="text"/>

Use additional sheets if necessary.