#### 21-22/APPL.FORM3 FORM 2022 BHABHA ATOMIC RESEARCH CENTRE Co INDUSTRIAL TOMOGRAPHY & INSTRUMENTATION SECTION MUMBAI - 400085 APPLICATION FORM FOR RADIOGRAPHY TESTING LEVEL - II TRAINING COURSE

	form, strictly as per the instruction ers (in Black Capital letters):	s.	Affix your Latest photograph - 4 x 3 cms
र्रा नाम (देवनागरी में)			
. Date of Birth (dd/mm/ Address for Commu 3a. (Sponsoring aut)	nication in capital letters.	Specimen Signature of the	
State Tel No.	Pin No. Fax No.	State Pin No. Tel: Mobile	
Email addro	tions:		
(Attach self attestedSr.ExaminationNopassed	Xerox copies of mark lists and cert University or Board (start Year from 12 <sup>th</sup> onwards)	Class Subjects % of	f marks <b>Result</b>
			Pass/Fail Pass/Fail Pass/Fail
			Pass/Fail Pass/Fail
Experience in NDT: No. of Years/Months	(A). Radiography Testing (Attach or Organisation	riginal experience certificates.) Nature of work	
	( <b>P</b> ) $\mathbf{PT} \perp$ other testing methods	t Level -2 (Attach: copy of Level-2 certific	enter (fragilizable)

Sr No	Name of Technique (UT,MPT,LPT,RT etc)	Certification from (ISNT, ASNT,BARC etc)
1		
2		
3		
4		

6. Film /TLD Badge details: Attach (1) Copy of INTERN / Trainee Radiographer / Trainee issued by the employer or authorised body (2) Signed copy of dose report of the candidate issued by authorised agency

		. ,				
	Institution No.	Institution No. Candidate's registration		Cumulative effective dose	Any overexposure received	
	& TLD No	No. & Date	service	received as on date	in the past, if yes, give details	
7. F	Radiographer's ce	ertification details if appli	cable (RT Level -1,	Conducted by BARC ):	·	
	Radiographer's	S Year of passing	RT-1 Cert. No	Year of passing	License No.	
	Cert No					

# Ratiographer's rear of passing K1-1 Cert. No Year of passing License No.

Important: Please read instructions carefully before filling the application form.

#### 8. Did you apply for admission to RT-2 course earlier? If yes, give details:

Course	Centre	Date	Waitlisted, details	Rejected, details				

#### 9. Sponsoring authority (mark 'X' in the applicable box):

ę		Self		Private		Arm forces/defense org.	
---	--	------	--	---------	--	-------------------------	--

s/defense org.	Govt. Organisation	Govt. Undertaking

#### **10.** Sponsoring authority details:

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Ponsoring authority actumet				
	Name & Address of Sponsoring	General	Designation of the	Nature of work	Proposed activities after
	Institution.	Activities			completion of the course
			candidate		
Ī					

## 11. Demand Draft Details: Note: Write name and address at the back of the original DD, minimum one and half months validity shall be available on the date of registration in the course. DD Shall reach to the centre only after provisional selection of the candidate and before registration for the course.

	in favor of	DD. No.	Date: DD/MM/YY	Bank	Branch	Validity up to DD/MM/YY	Amount Rs:
	"Accounts Officer, BARC Mumbai".						
2 "	"IDEMI, Mumbai."						

#### **12.** Please tick ( $\sqrt{}$ ) at the appropriate place:

	For Female Cand	idate		SC/ST	OBC	Minority	Physically h	andicapped	Others (General)
	Are you pregnant	Yes	No						
13.	Passport/Aadhar/PA	N No.					Eve Sight: LEFT	R	IGHT

It is certified that the bio-data & information regarding Shri/Dr/Ms/Mrs..... are correct, and **any wrong information is likely to dishonor the site-in-charge certificate (RT L-2)**. I have read and understood all the instructions and terms & conditions as stipulated in the Information Brochure for the BARC RT L-2 Training Course. (Please refer to the latest Information brochure and copy of consent form.)

Signature of the Candidate

Signature of the Sponsoring Authority with Date and Seal

You are requested to attach the following copies of documents along with the application form for consideration of your nomination for the course.

- 1. Self attested copies of mark sheet (indicating subjects) and 10<sup>th</sup>/12<sup>th</sup>/BARC, RT-1/Diploma/Degree/post graduate certificates.
- 2. Separate experience certificates from the present/ previous employers clearly indicating total number of years experience in RT. Experience will be counted onwards from the date of basic qualification acquired.
- 3. Self-attested copy of Intern / Trainee radiographer / Radiographer and Dose Report issued by the employer or authorised agency.
- 4. Self attested copy of BARC, RT-1 passing certificate (both sides) if applicable.
- 5. Two nos of demand drafts. Minimum one and half month validity shall be available at the time of registration in the course and shall reach after provisional selection of the candidate but at least 15 days in advance of the date of registration of the course.
- 6. Application forms dully filled in duplicate.
- 7. Recent passport size photograph 3 Nos (2 pasted on application forms & one for certificate)
- 8. Self attested copy of certificates of RT + other method at Level -2 (UT, MPT, LPT, RT etc) if applicable.
- 9. Selected candidate must present himself with all the relevant documents during registration in the course. In absence of the candidate/required document at the time of registration the candidate will not be registered in the course
- Notes: 1. A fresh application form is required to be filled for each training course. Mention clearly the required course no. on the application form. (No automatic carry forward of the application form).
  - 2. Incomplete filled Application form may not be considered for the course.
  - 3. Original certificates and mark lists need to be shown during registration in the course.
  - **4**. If the selected candidate is not able to attend the course for any reason, the intimation should be sent well in advance (minimum 15 days before the commencement of the course), so that the course fee DD can be returned.
  - 5. Once the course fee drafts are deposited in the bank, the fee may not be refunded.

#### FOR OFFICE USE ONLY

Name	Name	Name	Name		
Representative from IRAD	Representative from AERB	Course Convenor	Original Certificates checked		
Signature	Signature	Signature	Signature		

### CONSENT FORM

I Shri/Smt./Kum\_\_\_\_\_\_ have applied to attend BARC Radiography Testing Level-2 training programme as per schedule announced. I am aware that the offline training programme will be presently conducted at the premises of **Institute for Design of Electrical Measuring Instruments (IDEMI)**, Swatantryaveer Tatya Tope Marg, Chunabhatti, Sion, Mumbai – 400 022.

I understand that:

- I. I need to submit Vaccination Certificate & recent copy of RTPCR test from reputed / approved lab and undertaking on IDEMI format for Covid 19.
- II. All participants need to make their own arrangement for lodging and local travel.
- III. Canteen and lecture hall facilities will be available for use during normal working hours.
- IV. The course will be conducted subject to getting permission from the State Govt. / Local Authorities / BMC.
- V. The organiser(s) reserve the right to cancel/postpone a particular course without assigning any reason.
  - 1) I hereby acknowledge the risks associated with attending the offline course under the present COVID-19 pandemic situation.
  - 2) I hereby acknowledge that the organiser(s) cannot guarantee the complete elimination of risks posed by COVID-19 through the implementation of the precautions and protocols.
  - 3) I hereby declare that I am willing to attend the course on my own / my sponsors' consent without the influence of any other party and I shall adhere to all suggested safety precautions and protocols updated from time to time.
  - 4) The organiser(s) of the training programme will not be held responsible for any loss due to my health/accident/medical emergency or financial difficulties while travelling to attend the course or while attending the course at Mumbai.
  - 5) I have adequate medical coverage for meeting any emergency needs while attending the course.
  - 6) I have read the Standard Operating Procedure (SOP) of the training programme and agree to abide by the same in case I am selected to attend the course.

Place and Date

(Name of the Applicant)

Address:

Phone no/Email ID: