

Application Form for Radiation Work at Research Institute for Synchrotron Radiation Science

Director General of Research Institute for Synchrotron Radiation Science

I apply to engage in radiation work for the following experiment at Research Institute for Synchrotron Radiation Science (HiSOR) with the list of persons participating in the experiment as a group member.

Responsible person in the experiment

Signature _____ Date: _____

(print): _____ Nationality: _____

Affiliation: _____

Project Name or Experiment No: _____

Period of Experiment: _____

Contact Person in Japan: _____

Participant's name(print) Family, First, Middle	Affiliation	Position	Sex M,F

Each individual person participating in the experiment is requested to be certified as a radiation worker and should submit a certification form.

To be filled in by the HiSOR Radiation Control Office

研究所長承認印 : _____	放射線取扱主任者承認印 : _____
受付日・ _____ 年 _____ 月 _____ 日	整理番号 _____

(date) (year)