

Certification Form

Very Important!

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

Director General of Research Institute for Synchrotron Radiation Science (HiSOR)

I certify that

Name _____
(family) (first) (middle)

Date of Birth _____

Sex _____

The above person is a radiation worker at

(affiliation in home country)
and is allowed to execute radiation works at HiSOR during the period from

(date) (year) to March 31, 2025 (End of the fiscal year 2024)
(date) (year)

Starting date of the period should not be later than your arrival date.
This certificate should be renewed every fiscal year.

Signature _____

Name (Print) _____

Status _____

Institution _____

This form should be certified by a responsible person in your institution who can guarantee radiation safety of the participants or students (e.g., radiation safety officer, dean, director, full professor).