

## Application Form for Radiation Work at Hiroshima Synchrotron Radiation Center

Director General of Hiroshima Synchrotron Radiation Center

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

Responsible person in the experiment

"Responsible person" is a person submitted the approved proposal.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(print): \_\_\_\_\_ Nationality: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Your proposal No. can be found in <http://www.hsrc.hiroshima-u.ac.jp/english/collabo.htm>

Project Name or Experiment No: XX-X-XX

Period of Experiment: MM. DD, YYYY - MM. DD, YYYY

Contact Person in Japan \_\_\_\_\_

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

Please list all of the participants for the SR experiments. Each of them should submit a certification form.

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

センター長承認印 : _____	放射線取扱主任者承認印 : _____
受付日・平成 年 月 日	整理番号

\_\_\_\_\_ (date) (year)