

Certification Form

(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

_____ to March 31, 2026 (End of the fiscal year 2025)
(date) (year) (date) (year)

Signature _____

Name (Print) _____

Status _____

Institution _____