

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 |
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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)

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, 2025 (Make sure not to be past March 31st 2024)
(date) (year) (date) (year)

Signature _____

Name (Print) _____

Status _____

Institution _____