



PMS-SLAEB

**PERSONAL MONITORING SERVICE**  
**SRI LANKA ATOMIC ENERGY BOARD**  
 60/460, Baseline Road, Orugodawatta, Wellampitiya  
 Tel: 011 2533427/8 Fax: 0112533448, Email: pms@aeb.gov.lk  
**Bio-data of Radiation Protection Officer**

**Instructions:** Use Block Capital Letters, Leave a Space (blank) after each word and initial. Delete inapplicable words.

1. **Full Name** in Block  
Capital letters  
(Prof/Dr./Mr./Mrs./Miss.)


2. **Name with initials:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Date of birth:

y	y	y	y	m	m	d	d
---	---	---	---	---	---	---	---

Age: 

--	--

 yrs

4. **National Identity Card No.:**

--	--	--	--	--	--	--	--	--	--	--	--

5. **Position:** .....

6. **Official Address:**

Dept/Section/Unit/Lab: .....

Institution : .....

No:..... Street:.....

Town/City:..... Postal Code: 

--	--	--	--	--	--

7. **Contact details:**

Official Tel. No: ..... Mobile No : .....

Email:..... Fax : .....

Residential Address:

No:..... Street:.....

Town/City:..... Postal Code : 

--	--	--	--	--	--

8. **Educational Qualifications:** .....

9. **Years of work experience in the relevant field & type of work** .....

10. Brief description of type of Radioisotopes } .....

X-ray Equipment used in your unit/section/Dept: } .....

**Declaration:**

- (i) I am aware my duties and responsibilities of Personal Monitoring Service (PMS) of the Sri Lanka Atomic Energy Board (SLAEB) as the Radiation Protection Officer (RPO).  
 (ii) I hereby agree to abide by the rules and regulations, terms & conditions, and instructions with regards to PMS of the SLAEB.  
 (iii) I do hereby declare that the particulars furnished above are true and accurate to the best of my knowledge and belief.

Date: .....

Signature of the applicant.....

**For Head of the institute:**

I hereby certify that the person who has signed the above has been appointed as the RPO of the above said Lab/Unit/Section/ Dept. of this institute to perform duties and coordinate work with regard to PMS of the SLAEB.

Name of the Head of the Institution/Department: .....

Signature of the Head:.....

Official Stamp:

Tel: (office & Mobile) : .....

Email:.....

Date:.....

**Note: Terms & conditions for Government Hospitals and other institutions are given in PMS/INS-01.**

**Instructions to the RPO in Government hospitals and other institutions are given in PMS/INS-02.**

Title	Bio-Data of Radiation Protection Officer			Doc. Code: PMS/BDF
Issue no:01	Date of issue: 2009.	Rev. No. 2	Date of Rev.: 2015.01.01	Page No: 1of 1