AERB/445/MEA-Appform

Government of India
Atomic Energy Regulatory Board
Health and Safety Division
Niyamak Bhavan, Anushaktinagar,
Mumbai-400094.

Application for NOC/Type Approval of Medical Electron Accelerators

(To be submitted by the supplier to the Chairman, Atomic Energy Regulatory Board, Niyamak Bhavan, Anushaktinagar, Mumbai-400094 with a copy to the Head, Radiological Physics and Advisory Division, Bhabha Atomic Research Centre, CT&CRS Building, Anushaktinagar, Mumbai-400094)

A. Details of manufacturer/Supplier

1. a) Name and address of the applicant/local supplier with PIN code (in block letters)

b) Mode of communication: Telephone with STD code

Telephone	
Fax	
Telex	
Telegram	
E-Mail	

2. a) Name and address of the manufacturer with PIN code

b) Mode of communication: Telephone with STD code

Telephone	
Fax	
Telex	
Telegram	
E-Mail	

3. Person to be contacted regarding this application

Telephone	

4. Name and type of accelerator, which is to be type approved

5. This application is for

Type approval/NOC				
Renewal of type approval/NOC		Ref No.:	Date:	Valid till:

6. Place where the unit is to be type tested for type approval

B. Details of equipment specification

1. Name of the unit

2. Model/Type designation :

3. Year and country of manufacture :

4. Anticipated life of the accelerator :

5. Beam energy

Photon	Electron
a) ..... MV	a) .....MeV
b) ..... MV	b) .....MeV
c) ..... MV	c) .....MeV
	d) .....MeV
	e) .....MeV
	f) .....MeV

6. Maximum absorbed dose rate in water at one metre from the source for10 x 10 cm^2 field size for

a) Photon : .....cGy/min

b) Electron : .....cGy/min

7. Leakage radiation levels at a distance a distance of one metre from the source when radiation beam is "ON"(specify for maximum energy and mode) : .....mGy/h.....MV/MeV/Photon Electron

8. Built-in safety features/operation procedures to prevent any radiologically unsafe malfunction of the equipment (please attach relevant documents such as installation manual, operation/servicing manual) :

9. Specify the Standards to which the accelerator comply. : Bureau of Indian Standards/ IEC/any other standards (specify)

10. Documents submitted along with the application (Tick mark as appropriate)

a) Drawing of the treatment head showing the radiation shielding and materials of construction (scale 1:2)

b) Drawings along with the functional description of safety related control systems and devices

c) National Standards to which the equipment conforms (English translation of the Standard is to be provided)

d) Test report on the performance of the accelerator demonstrating the compliance with the National Standard or IEC 601 -1 and IEC 601-2-1

e) Certificate from the competent authority of country of design/manufacture to the effect that the equipment is approved for medical use

f) Report on the performance of accelerator of the same type used in India during the past 5 years

11. Any other information you may like to furnish

I certify that all information furnished by me are true and correct to the best of my knowledge and belief.

Place :

Date :

Signature :

Name :

Designation :
(Seal of the Office)