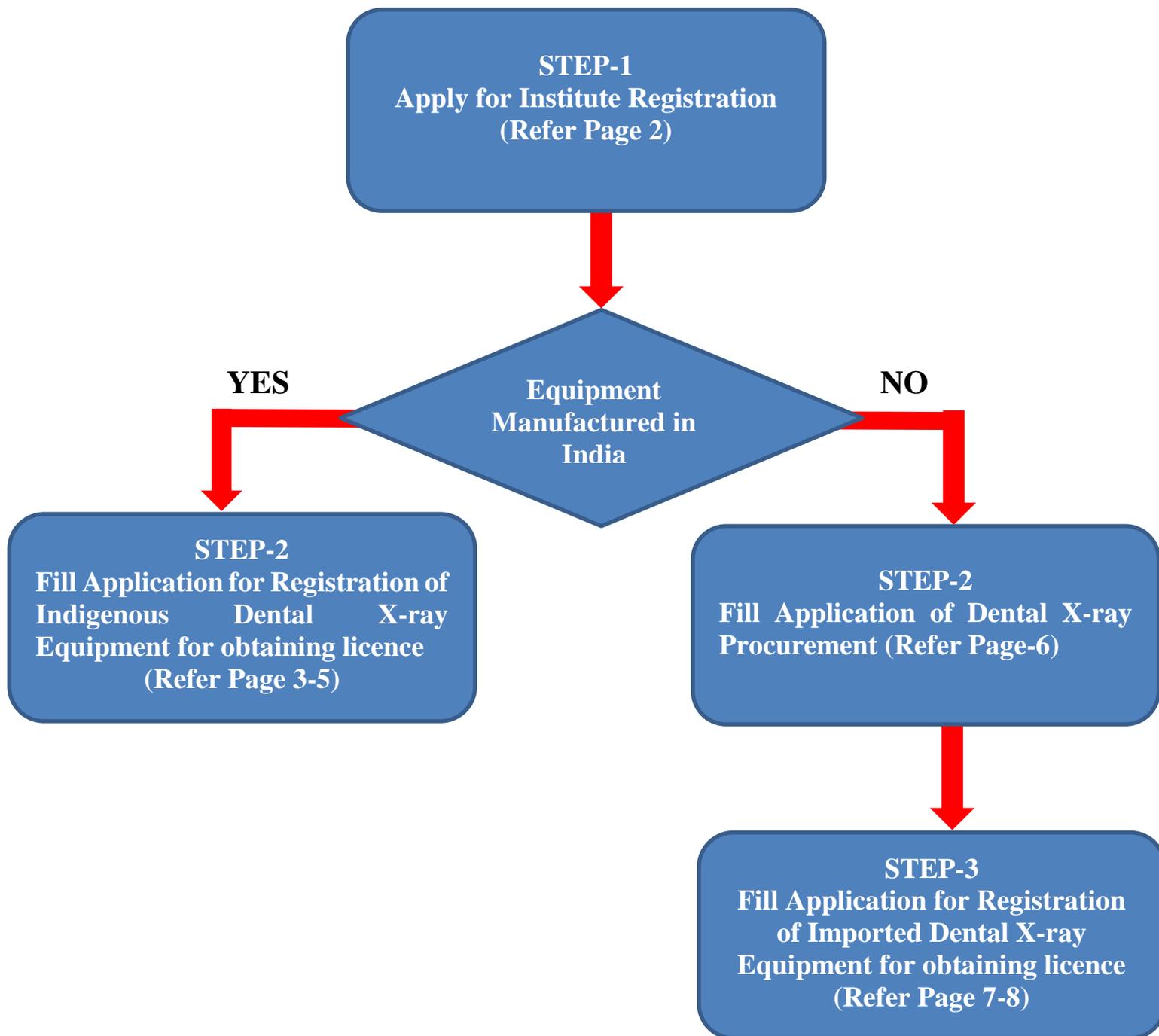


Steps to be followed for obtaining Licence for operation of Dental X-ray Equipment



STEP 1: Register Your Institute

Visit our website www.aerb.gov.in. Click on the button **e-LORA**, which is available on website home page. Then click on “[Go directly to e-LORA System](#)” and “[Click to proceed for e-LORA server](#)”. It will redirect you to the following screen of **e-LORA home page** and then click on [Guidelines for Institute Registration](#) (<https://elora.aerb.gov.in/ELORA/PDFs/Guidelines%20for%20Institute%20Registration.pdf>) to proceed for registration in e-LORA.

हिंदी संस्करण AERB Website

Government of India
Atomic Energy Regulatory Board
e-Licensing of Radiation Applications
(eLORA) System

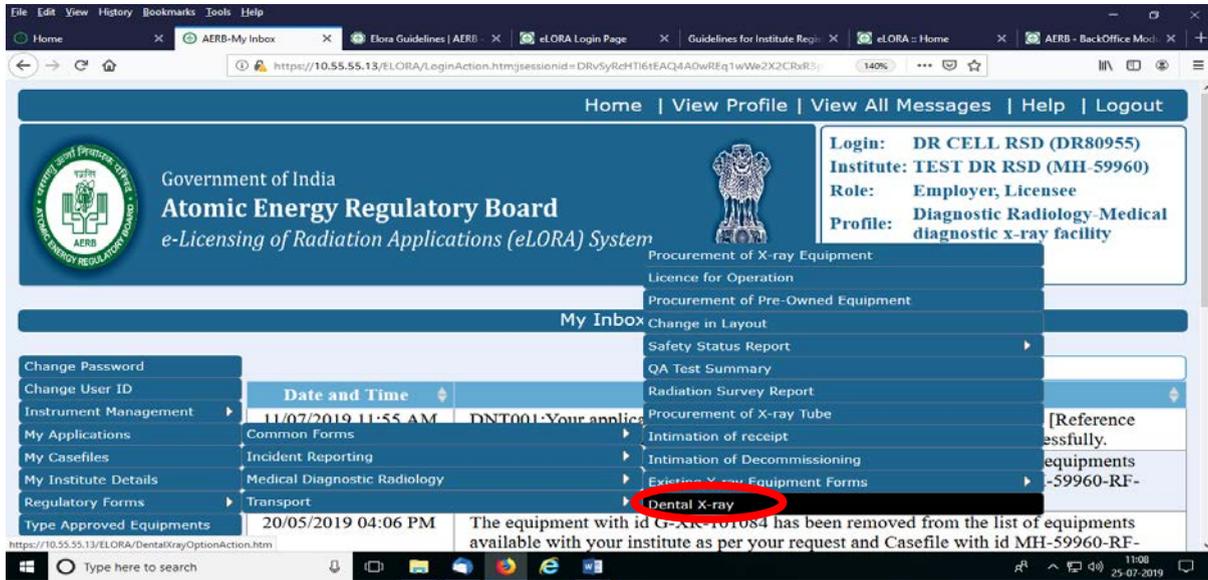
Guidelines
Guidelines for Institute Registration
Guidelines for Radiation Professional Registration

Know Your Application Status
Institute Registration Application
Radiation Professional Registration Application
Verification of Consent/Document issued through eLORA

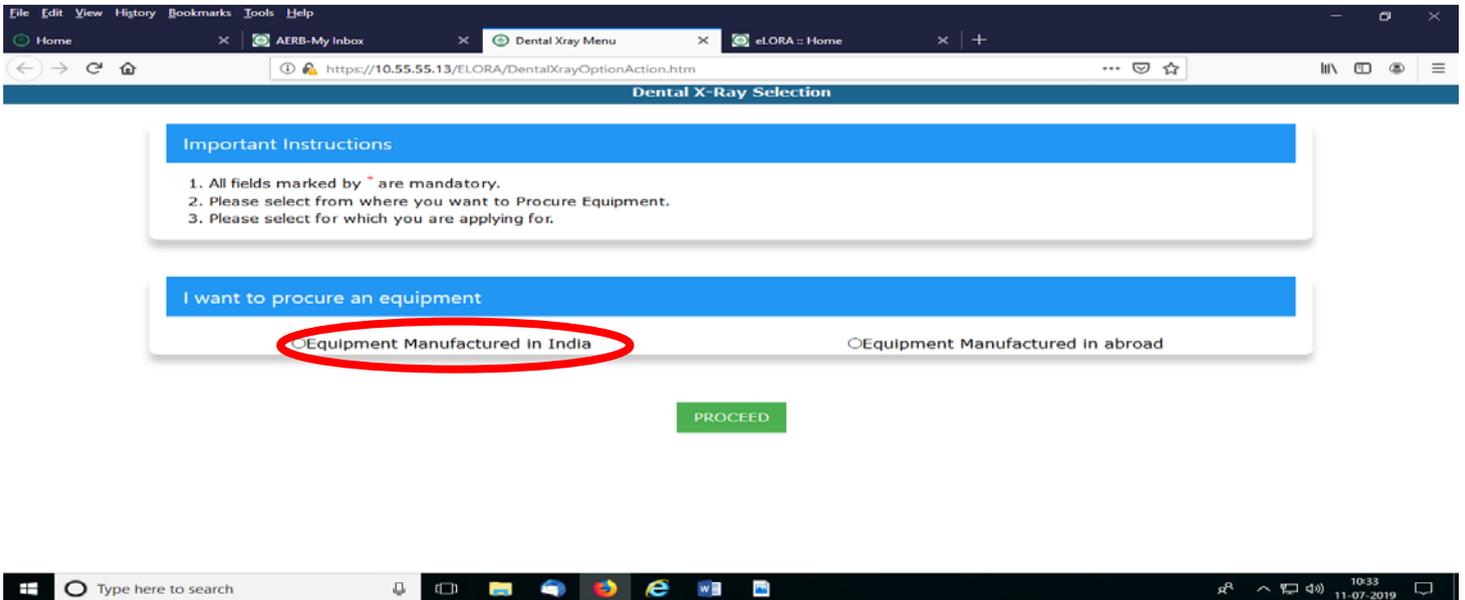
Frequent Queries
RP/Institute registration status | Reason for non-acceptance
Correction in e-mail id and mobile no. | Login issues | Profile/role Practice issues
Check application status | Correct submitted data
Institute Registration | Step by step help | Raise an issue to AERB

STEP 2: Registration of Indigenous Dental X-ray Equipment

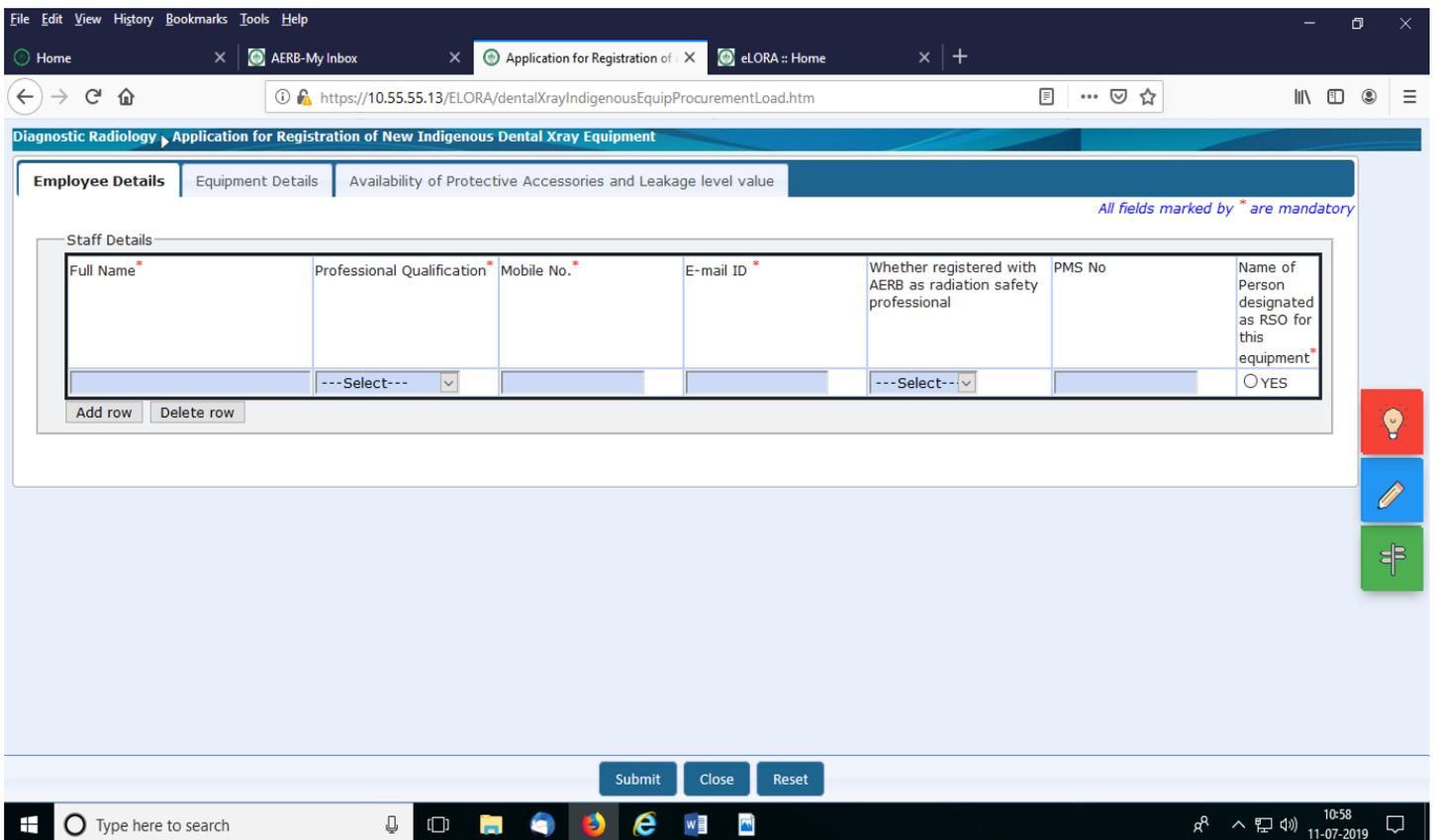
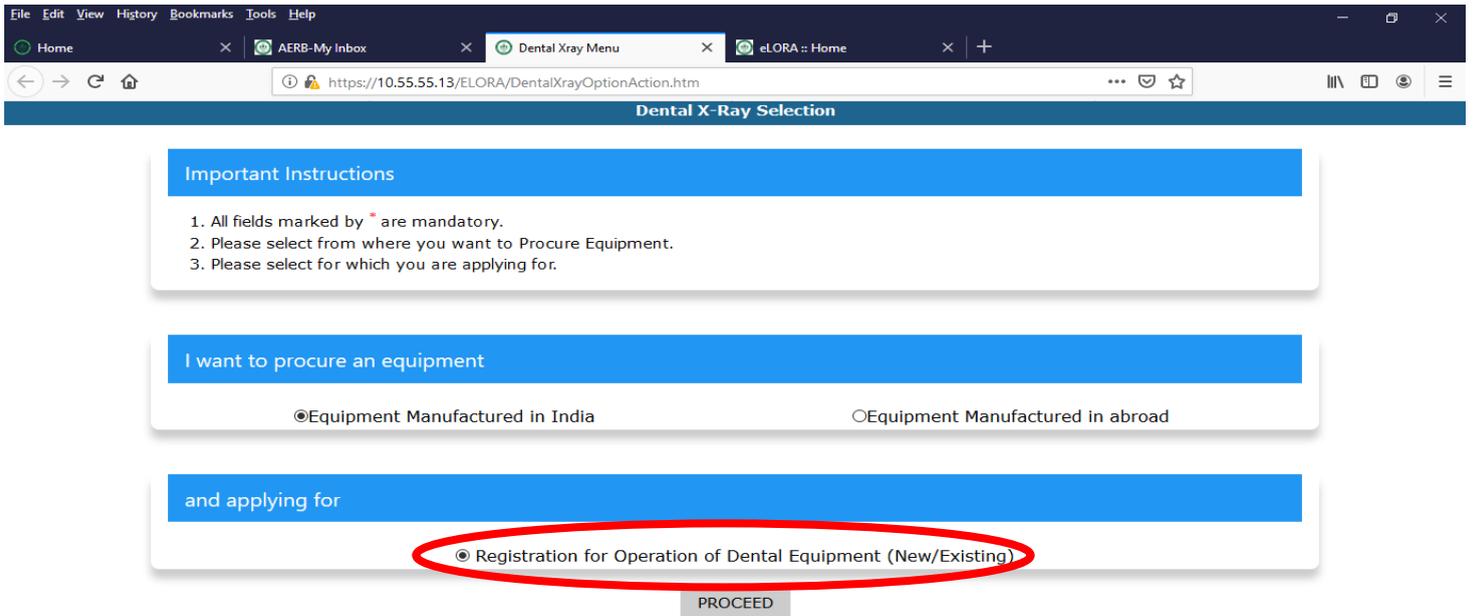
After login, you will see following screen with various **Menu** on left hand side: You will have to Click on **Dental X-ray tab (Regulatory Forms>>Medical Diagnostic Radiology>>Dental X-ray**.



After click on **Dental X-ray** tab following screen will appear:

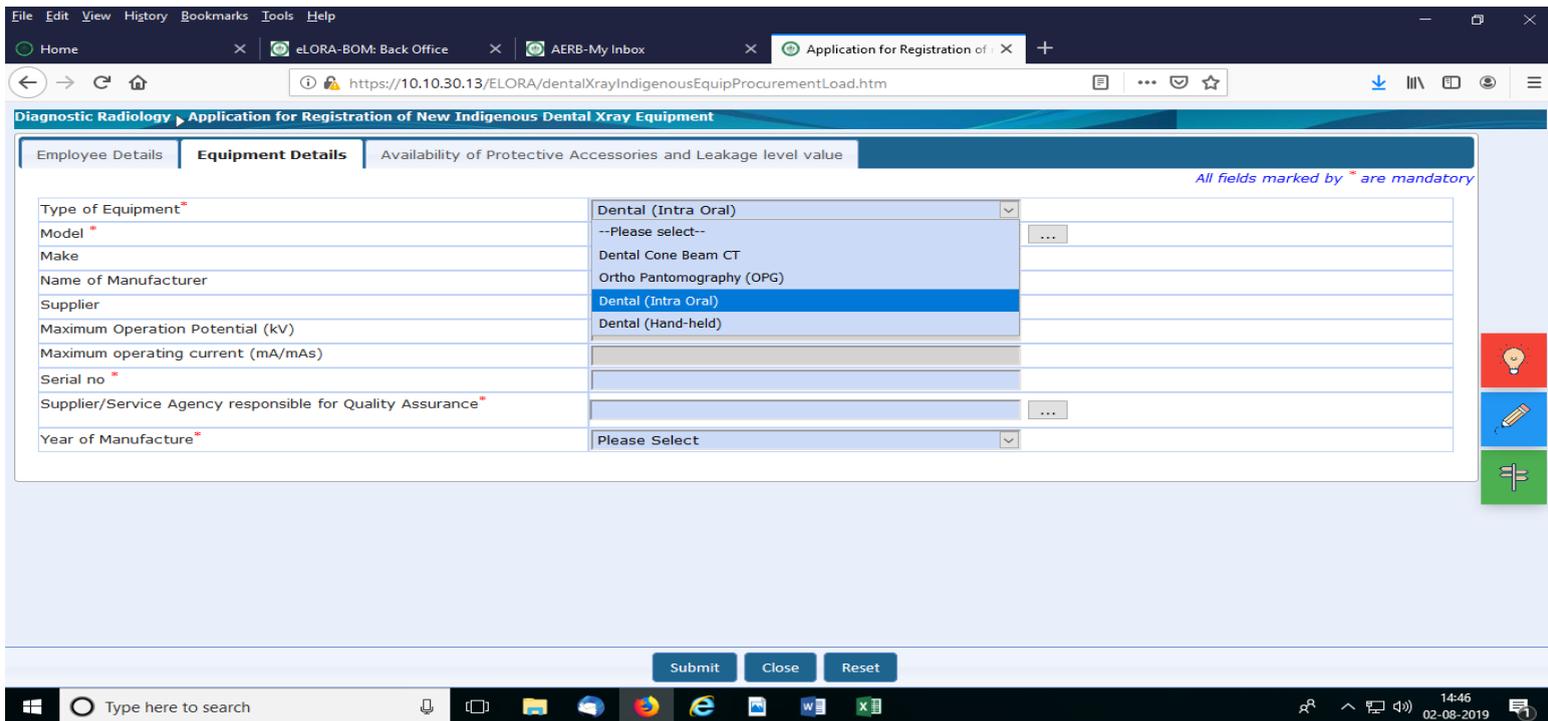


For both types (existing and new) of dental X-ray equipment manufactured in India, Pl. Select “Equipment manufactured in India” Tab and PROCEED to get the “Application for Registration of New Indigenous Dental X-ray Equipment”

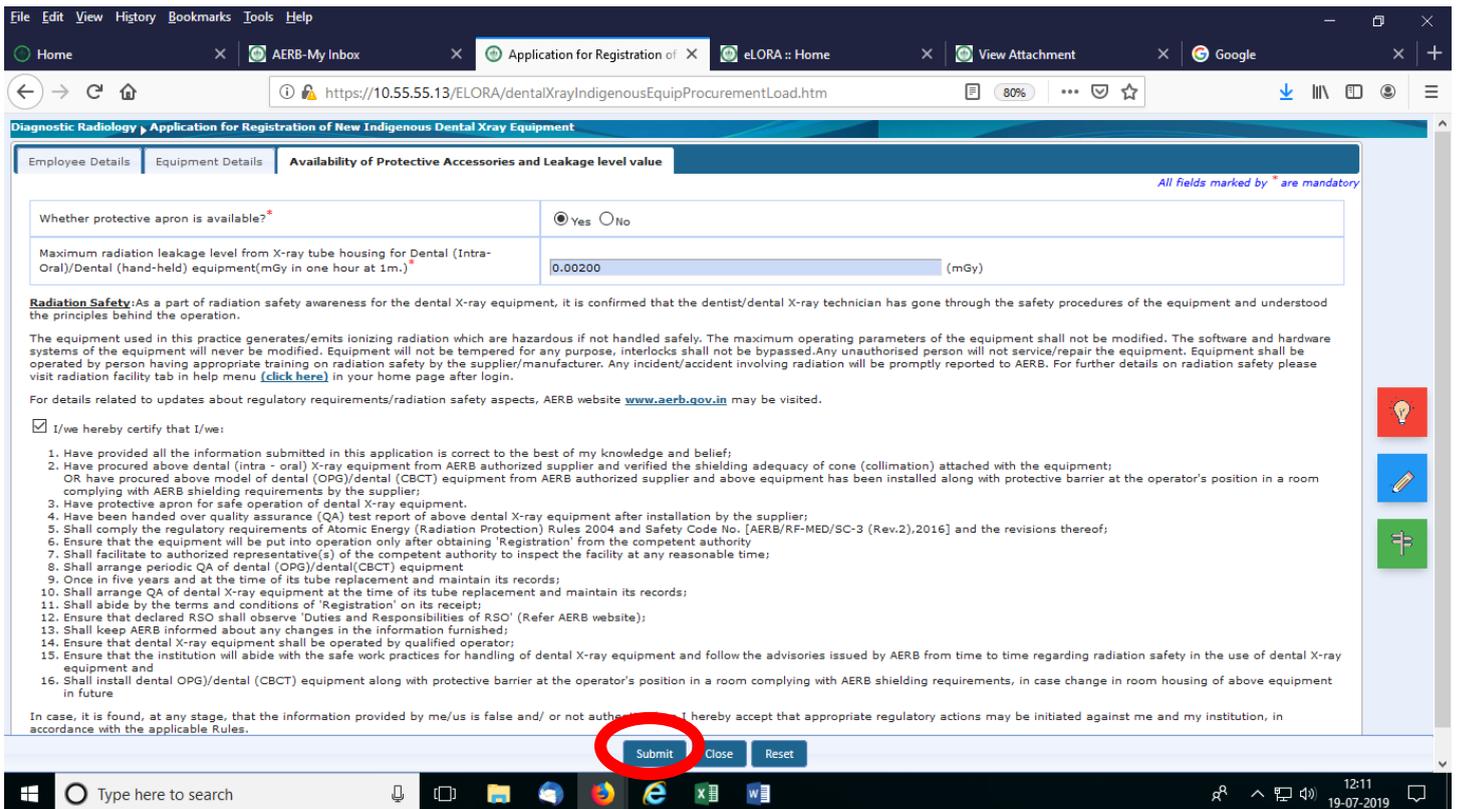


The following tabs to be filled up as follows;

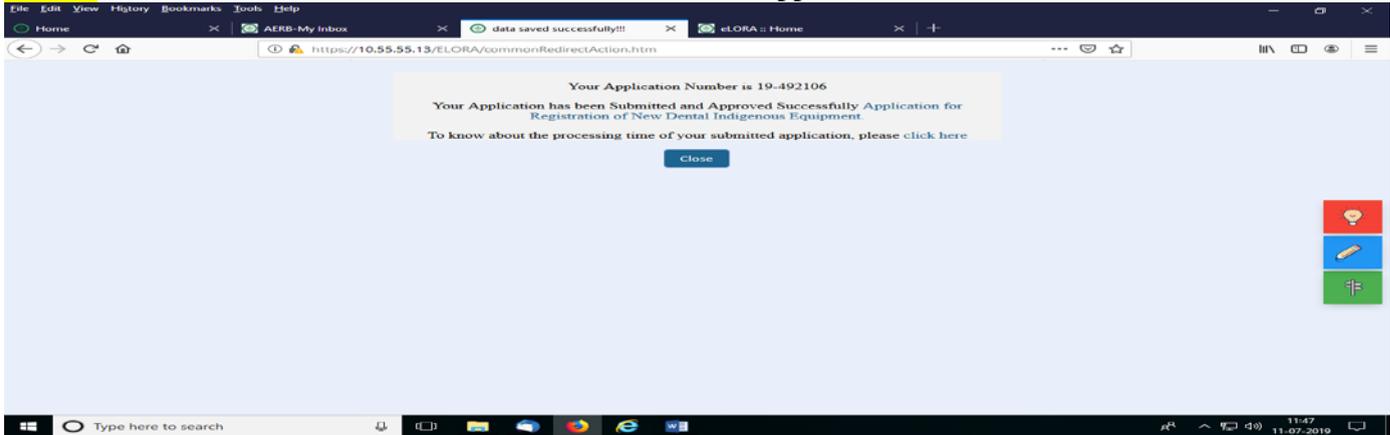
- A. **Employee details:** Details of name of Operator/X-ray technologist/radiographer/BDS/MDS, mobile no, email ID need to be filled correctly. PMS no recommendatory for dental users. One person from you institute should be designated as RSO.



- B. **Equipment Details:** First select the type of equipment and then select the type approved model from the drop down by searching your dental equipment model select it. Provide the details of equipment serial number and year of manufacturer. Also you need to select the authorized supplier/service agency who has performed the QA tests of your equipment.
- C. **Availability of protective accessories and leakage levels:** Declare your protective accessories in this tab and provide the value of leakage level as mentioned in QA report of the equipment.



After filling all the three tab (A, B & C as mentioned above) read the terms & conditions and click on **Submit**. After successful submission the below screen will appear;



After acceptance of your application form, you will get email communication that “Your application for obtaining Licence for operation has been approved. You will also get copy of issued Registration certificate attached with your registered email. Registration certificate can be downloaded from “My Casefile” tab.

STEP 2: Application of Dental X-ray Procurement

For both (existing and new) dental X-ray equipment manufactured in Abroad, Pl. select “Equipment manufactured in Abroad” and PROCEED to get the “Application for Dental Procurement (Import)”

Diagnostic Radiology > Application for Dental Procurement (Import)

All fields marked by * are mandatory

Type of Equipment *	--Please Select--
Procurement Status	To be Procured
Model*	...
Name of Supplier	
Name of Manufacturer	
Name of Manufacturer Country	
Maximum Operation Potential (kV)	
Maximum Operating Current (mA/mAs)	
Supplier/Service Agency responsible for Quality Assurance *	...
Year of Manufacture *	--Please Select--

I hereby certify that I/we

1. have submitted all the information correct to the best of my/our knowledge and belief;
2. shall abide by the applicable provisions of the Atomic Energy (Radiation Protection) Rules, 2004;
3. shall abide by the applicable provisions of AERB Safety Code on Medical Diagnostic X-ray Equipment and Installations, [AERB/RF-MED/SC-3 (Rev.2), 2016] or the revised version, currently in force;
4. shall put the equipment into operation only after obtaining "Registration" from the competent authority;
5. shall provide full facilities to any authorized representative(s) of the competent authority to inspect the installations at any time;

Submit Close Reset

First select type of equipment and procurement status (To be procured/Already procured). Then select your

model name from the drop down. Provide the details of equipment year of manufacturer and select the authorized supplier/service agency who has performed the QA tests of your equipment. Then click on **Submit** and on successful submission you will get procurement certificate and email communication in your registered email.

STEP 3: Application for Registration of Imported Dental X-ray Equipment for obtaining licence

To obtain Registration for imported equipment select “Registration for Operation” and PROCEED. To get the application form “Application for Registration of New Import Dental X-ray Equipment”

Dental X-Ray Selection

Important Instructions

1. All fields marked by * are mandatory.
2. Please select from where you want to Procure Equipment.
3. Please select for which you are applying for.

I want to procure an equipment

Equipment Manufactured in India Equipment Manufactured in abroad

and applying for

New Procurement/Declaration of Existing Equipment Registration for Operation

PROCEED

Diagnostic Radiology Application for Registration of New Import Dental X-ray Equipment

Staff Details(Dentist/Dental X-ray Technician) Details of Equipment Availability of Protective Accessories and Leakage level value

All fields marked by * are mandatory

Staff Details

Name*	Professional Qualification*	Mobile No.*	E-mail ID*	Whether registered with AERB as radiation safety professional	PMS No	Name of Person designated as RSO for this Equipment*
	---Select---			---Select---		<input type="radio"/> YES

Submit **Close** **Reset**

Fill the above Employee details, Equipment Details and Availability of protective accessories and leakage levels as mentioned in above section A, B & C respectively. Then click on **Submit**. After acceptance of

your application form, you will get registration certificate and same can be downloaded from **My casefile.**

Help Desk No. and Email id for Diagnostic Radiology Users

022-25990675 & elora.dr@ aerb.gov.in

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