

ANMPI Co-ordinated In-field
Nuclear Medicine Technician Training Programme
2016 -18

Nomination of Trainee by Accredited Training Site

Name of the nominee:

Age:

Sex:

Address for correspondence:

Recent
Passport
Photo

Contact Phone:

Email:

Qualifications:

Year of Passing 10 Plus 2:

Subjects and Marks obtained:

Please attach a photocopy of the Marks certificate

**Details of Additional Qualification (*BSc Degree / Diploma / other
Certificate Course*)**

Name of course:

Course Conducted by:

Period of the course & Content:

Examination / Certification by:

Please attach a photocopy of the relevant certificate

Working experience: *Mention year wise until now*
(outside or within Nuclear Medicine, after Plus 2 or after further qualification)
Please attach photocopy of relevant certificates

Fee payable by the trainee towards the following:

- | | |
|---|---------|
| a. Participation fee for Contact Seminar I | Rs 5000 |
| b. Participation fee for Contact Seminar II | Rs 5000 |
| d. Examination Fees (after 2 years) | Rs 2000 |

Signature of applicant

Date

Nomination by the Centre

We hereby nominate the above candidate for the NM Technician Training Program for the term 2015 to 2017.

If admitted he/she will be treated as a Full time Radiation Worker in the Dept of Nuclear Medicine and provided Personnel Monitoring service.

We confirm the above information as true, and assure that necessary support will be provided by us for the candidate to complete the training successfully.

Signature:

Date:

Signature:

Name:

Name:

Supervising NM Physician

**-Seal- **

Management Representative