Schedule 3

FORMS

Regulation 5 (2) & 13 (1)

FORM 1

Notification of a Practice Involving Naturally Occurring Radioactive Materials

Name and address of applicant (Attach certificate of Registration and copy of the mining licence where applicable):
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……
……

Title.……

Telephone: ……

E-mail:…….....…….....

Location of facility: ……
……..……..……
……
……

Region:……

District:……

Sub Location/Town:…….....…….....

(1) List names and qualification of individual workers who get in direct contact with naturally occurring radioactive materials:

SN	Name	Qualification	Title	Mobile number
1.				
2.				
3.				
4.				
5.				

(2) Give the details of the ores/ minerals that are extracted that the radiation workers are likely to be exposed to during their normal operations:

SN	Name of radioactive material/Ore		Volume of the Ore
1.			
2.			
3.			
4.			
5.			

(3) Purpose(s) of the practice:

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……

(4) Impact of the proposed practice. Describe the expected impact of the proposed application of the material on public and private interest and possible mitigation measures (Attach Environmental Impact Assessment report, where applicable):

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(5) Declaration:

I, ……..(legal person) certify that all the information given herein is true and correct to the best of my knowledge.

Date: ……

Signature of Applicant: ……

For Official Use Only			
Licensee number			
Received	By	Date	Signature
Evaluated			
Remarks			