

SCHEDULE 1

Regulation 20(2)(a)

ATOMIC ENERGY COUNCIL,
P.O. Box 7044,
Kampala.



THE REPUBLIC OF UGANDA

ATOMIC ENERGY
FORM 5 (AEF 5)

THE ATOMIC ENERGY ACT NO.24 of 2008

FORM 5

APPLICATION FOR AUTHORISATION TO ADMINISTER IONISING
RADIATION TO PERSONS OR PATIENTS

1. Name and Address of Applicant:
 - (b) Name: _____
 - (c) Address: _____
 - (d) Phone/Fax: _____
 - (e) E-mail: _____

2. Highest qualification and specialization attained: (attach certified copy of certificates and brief CV)

3. Membership to Professional Bodies to which reference can be sought if needed:

4. Previous AEC Registration No. (if not new application):

5. Give practice under which the administering of ionizing radiation is to be carried out:-

6. Personal details:-
 - (a) Age: _____
 - (b) Gender: _____
 - (c) Length of service and experience: _____

(d) Current employer and address (if different from that above)

(e) Institutions you work for as part time:-

7.

DECLARATION

I, _____ (*name*) Certify that all the information given herein is true and correct to the best of my knowledge.

Date: _____ *Signature of Legal person:* _____

FOR OFFICIAL USE ONLY			
Registration No:			
	By	Date	Signature
Received:			
Evaluated:			
General Remarks and/or Comments:			