



GOVERNMENT OF INDIA
ATOMIC ENERGY REGULATORY BOARD
NIYAMAK BHAVAN, ANUSHAKTINAGAR, MUMBAI – 400 094



AERB/RSD/DRG-Course

**INFORMATION REGARDING THE COURSE CONDUCTED FOR
X-RAY TECHNOLOGISTS IN DIAGNOSTIC RADIOLOGY**

(Please send the filled in form to the Head, Radiological Safety Division, AERB, Niyamak Bhavan, Anushaktinagar, Mumbai-400094 so as to evaluate the training programme conducted by your institution for Radiation Therapy Technologists as per AERB requirements. **Attach extra sheets if required**)

1. Name & address of the Institution :

2. Name and Designation of Head of the institution:

3. Name and Designation of the Person :
Coordinating for the course
(a) Telephone No.(with STD code) :
(b) Fax No. :
(c) e-mail :

4. Name of the training Course in full :
(in capital letters)

5. Abbreviation of the training Course, if any :
[like B.Sc. (MIT), B.Sc. (DR) etc.]

6. Since how long the training programme is being : _____ year(s)
conducted

7. Is it affiliated to any education Board/University: Yes No
(a) If yes, Name of education Board/University :
(please attach a copy of the affiliation letter,
failing to which application will not be processed)

8. Maximum Intake of students for the course:

9. Basic Qualification for admission to the course :
Matriculate
10+2 in Science
10+2 in any discipline
Graduate in Science
Graduate in any discipline
Any other specify: _____

10. Duration of the course :
1 year
2 years
3 years
Any other specify: _____

11. Subjects included in the Syllabus : Diagnostic Radiology / _____ %
 (Give percentage-wise subject covered)

Any other specify: _____ / _____ %

12. Whether the enclosed syllabus on radiation safety : Yes No
 is covered in the training programme

(a) If NO, list the topics of the enclosed syllabus not covered in a separate sheet.
Full syllabus SHOULD NOT BE SENT for verification.

13. Qualifying Board/University examination includes:

Sr. No.	Title of the paper	Total marks	Pass marks
A	THEORY		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
B	PRACTICLE		
1.			
2.			
3.			

Total marks of the course (Theory):

(Practical):

Passing Criteria of Board/University :

14. Availability of type of X-ray equipment in your institute & duration of in-field training provided to the trainees:

(Kindly provide information in below given table, attach extra sheet, if required))

Type of equipment	No. of Units	Period/Duration allotted for training (months)	Make & Model	Year of Commissioning	Remark
Computed Tomography (CT)					
Interventional Radiology (IR)					
Radiography					
Radiography/Fluoroscopy					
Mammography					
C-Arm (Radiography)					
Mobile Radiography					
Bone Mineral Densitometer(BMD)					
Orthopan Tomography (OPG)					
Denta					
Any other (Please Specify)					

15. Whether all the above X-ray equipment are available in your institute: Yes No
If "No", kindly provide the details on a separate sheet.

16. Whether the above equipment are being used clinically in your institute: Yes No

17. Whether your institute has obtained Licence/Registration from AERB for operation of above X-ray equipment: Yes No

