

Format of experience certificate to be submitted by X-ray Technologist for Radiation
Professional registration in eLORA.

(To be printed in the Institute letter head)

Place of Institute:

Date of Issuance:

Name of the X-ray Technologist:

Date of Birth:

eLORA Registration no. of the Institute*:

I/We do hereby certify that above mentioned X-ray technologist has experience in operation of Computed Tomography/Cath lab (Interventional Radiology) equipment as listed below for the period mentioned:

Sr. No.	Computed Tomography/Cath lab equipment	Model of the Equipment	Experience of the above mentioned person as operator	
			Start Date	End Date

(Signature of the Head of the Department)

Name:

Designation:

(Seal of the Institute)

* Refer the institute registration no. issued after registration in AERB's eLORA portal eg: MH-12345, GJ-11012, KA-26154 etc