



National Institute of Science Education and Research
An Autonomous Institute under DAE, Government of India
Centre for Medical and Radiation Physics

Irradiation Service Request Form

Requisitioner name: _____

Designation: _____

Department / Section / Centre: _____

Employee Code/ Roll Number: _____

Contact no. _____ Email: _____

Purpose of Irradiation: _____

Sample Type: (Tick appropriate category and provide complete information)

- Solid / Metallic
- Liquid
- Semi-liquid / Gel / Paste
- Crops/ Small Plants / Seeds / Fruits / Vegetables
- Biological Specimen

Sample Description:

- Sample Name / Type: _____
- Quantity / Weight / Volume (g / kg / L / mL) _____
- Number of Units / Containers _____
- Container Material & Packaging Type _____

Irradiation Parameter	Requirements
Dose (<i>kGy</i>)	
Special Requirements (<i>temperature, atmosphere, shielding, etc.</i>)	
Any Other Special Instructions	

SAFETY, COMPLIANCE & REGULATORY DECLARATION (MANDATORY)

I hereby declare that:

1. The sample does NOT contain explosive, radioactive, flammable, corrosive, highly toxic, infectious, or bio-hazardous materials, unless explicitly declared and approved in writing.
2. The sample packaging is mechanically stable, leak-proof, and compatible with gamma irradiation.

3. All institutional, biosafety, and regulatory approvals (where applicable) have been obtained prior to submission.
4. I understand that gamma irradiation may cause physical, chemical, or biological changes, and the facility is not liable for any sample damage or loss.
5. The facility reserves the right to reject or terminate irradiation if safety norms are violated.

UNDERTAKING BY THE REQUISITIONER

I affirm that the information provided is true and complete to the best of my knowledge and agree to abide by all operational and radiation safety procedures of the Gamma Irradiation Chamber Facility.

Signature of the requisitioner

Date: _____

Signature of the Faculty Adviser (For students/postdocs only)

For Office Use Only:

Date of Sample Receipt:

Sample Condition on Receipt:

Job / Batch Identification No.:

Scheduled Irradiation Date and Time:

Actual Dose Delivered (kGy):

Operator Name & Signature:

Signature of Officer in-charge (GIC Facility) :

Radiation safety & dosimetry record
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Pocket Dosimeter Provided:

Serial No.:

Date of issue:

Issue to:

Date of Return:

Dosimeter Reading:

IMPORTANT NOTES TO APPLICANTS:

1. This form must be completely filled, duly signed, and approved; incomplete forms will not be processed.
2. Samples must be clearly labelled, securely packaged, and compatible with gamma irradiation.
3. Irradiation is provided subject to safety clearance and facility availability.
4. The facility is not responsible for any change, damage, or loss of samples due to irradiation.
5. Irradiated samples must be collected within the stipulated time.
6. The decision of the Facility In-Charge shall be final.

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