



اوتوريٽي ڪي بھ سائن ڪسلامتن
ڪھيٽن دان عالم سڪيٽر
Safety, Health and Environment
National Authority

RADIATION DOSIMETRY SERVICE REQUEST SUBSCRIPTION RENEWAL FORM

Instructions for completing the application form:

1. Complete Sections A through E of the form.
2. Attach a separate document with the full list containing details of all existing users and/or areas (including names & IDs) and indicate any changes to the user details (new, terminated, renewal) for the next subscription period.
3. **Adding New Users/Areas Monitored or Switching Users:** If you wish to add new users or areas monitored, or replace existing users with new ones, **please complete the New User Registration Form** and/or **New Area Registration Form** and attach it to this renewal form. **Additional charges applicable for each new registration including switching users.**
4. Please submit this form and any additional documents in PDF format to radtechservices@shena.gov.bn at least 30 days before the current subscription expires.
5. Upon receipt of the invoice from SHENA, please process the invoice promptly to ensure service is initiated on time.

SECTION A: COMPANY DETAILS

Company Name	
Company ID No.	
Contact Name	
Contact Email Address	

SECTION B: INVOICE DETAILS

Invoice Contact	
Invoice Email Address	



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SECTION C: EXISTING SUBSCRIPTION DETAILS

Current Subscription ID(s)	
Current Subscription End Date	
No. of Monitored Users	
No. of Monitored Areas	

SECTION D: RENEWAL REQUEST

Renewal Period	<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months	
Do you wish to make any changes to the user details?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify changes:	No. of Users	
	Areas Monitored	



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SECTION E: DECLARATION

- ☐ I confirm that the information provided in this form is true, complete and accurate, and aware that no refunds will be given to the early termination of service without user replacement. I agree to the applicable **Terms & Conditions** of the Personal Dosimetry Service and agree to pay any applicable charges.

Name

Designation

Signature & Company Stamp

Date

FOR OFFICIAL USE ONLY

Date Received		Invoice Date	
Invoice No. Issued		Payment Received Date	
Processed by		Reviewed by	
Signature & Date		Signature & Date	