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| **NOMINATION FOR TC FELLOWSHIP / SCIENTIFIC VISIT** |
| **The Government (nominating authority) of** nominates the person indicated below for a 🞎 fellowship ◼ scientific visitunder TC project: IRA/2/016\_Task No2.6.1\_SVField of Activity: Establishing of corporate Emergency Centre |
| 1. **PERSONAL INFORMATION**
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| Gender: ◼Female [ ]  Male | Nationality: Iranian | photo |
| Family name (**as in passport**): Nouri | 2nd nationality (if any): - |
| Middle name (if any, **as in passport**): - | Passport No.: B56157907 |
| First/given name (**as in passport**): Mitra | Date of issue: 07.03.2022 |
| Date of birth: 1985-09-21 | Place of issue: Booshehr |
| Place of birth: Darab | Valid until: 07.03.2027 |
| **2. CONTACT DETAILS** |
| Institute name: Nuclear Power Production and Development Co. of Iran |
| Institute address: No. 8, Tandis Str., Africa Ave., Tehran, Iran |
| PO Box: 1915613663 |
| Zip Code: - |
| Town/City: Tehran |
| State: - |
| Country: Iran |
| Telephones (including country/city codes): +9877-3111-2609 |
| Preferred Number:+989177309818Alternate Number 1: Alternate Number 2: |
| Preferred email: nourii.mitra@gmail.comAlternate email:  |
| **Airport/town nearest to residence:**  Imam Khomeini International Airport (IKA) |
| 1. **LANGUAGE SKILLS**
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| **Mother tongue**: Persian | **Description:** |
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| **Language** | **Speak** | **Read** | **Write** |
| English | W | W | W |
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 | FLUENT (F)WORKING KNOWLEDGE (W)LIMITED (L) | Speak, read and write nearly as well as mother tongueEngage freely in discussions, read and write more complex materialLimited conversation, reading of newspapers, routine correspondence |
| 1. **EDUCATION**
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| Start date: 2008/09-2011/06 | Institution: Shahid Bahonar University of Kerman |
| Institution city: Kerman, IRAN |
| Education level (achieved): MSC | Main course of study: Crisis management |
| 1. **WORK EXPERIENCE**
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| Current job: [x]  Yes [ ]  No |  |
| Employer: NPPD Co. of Iran | Type of business:  |
| Job function: Emergency Preparedness and Response | Exact title of post: Emergency planning expert |
| Start date - End date: 2012/07 till now | Work location (city/country): Bushehr - Iran |
| Description of Duties:Definition and application of relevant regulations, standards and laws; Preparing and implement an accident response plan (approved by the regulatory body); Control of providing of EWM with current information on NPP Unit condition; Monitoring for ensuring on-line communication and announcement during emergency and LWS reliable operation; Check of providing the plant personnel with IPA and check of providing the EMS units with designated equipment; Participation in drawing up EWM directives and orders and check of their fulfilment; Organizing the operative duty in LCMC and maintaining constant readiness of equipment and devices of the Plant Crisis Management Centres at all stages of work performance on accident localization and mitigation of its consequences at NPP; Control of fulfilment of plan on the personnel sheltering, providing of the personnel with the designated equipment, radiation-and-chemical situation at BNPP Site, in SPZ and in the town near the plant, state of NPP EMS forces and means; Participation in organization and control of NPP personnel training on their actions during emergency; Organizing and conducting the drills and exercises; Organizing and controlling the document archive of the Crisis Management Centres; Making ensure of operability of the emergency notification and communication systems |
| 1. **HEALTH AND RADIATION**
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| I declare that I am in good health, free from infectious diseases and able physically and mentally to carry out any relevant duties away from home. | ☒ Yes ☐ No |
| If you have a physical disability or medical condition which might limit your ability to perform your assignment, please indicate the limitations below: - |
| A certificate of good health signed by a registered medical practitioner dated not more than three months prior to the event must be submitted for:* events with a duration exceeding one month;
* All candidates over the age of 65 regardless of the event duration.
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| Are you covered under a radiation surveillance programme in your country? |  |
| ☐ YesPlease provide the dose records for the past five years. | ☒ NoPlease provide:* A medical certificate or personal declaration of health fitness to work with ionizing radiation;
* Information on your training in radiological protection;
* The dose records of the past five years (if available).
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| Radiation Surveillance Remarks: - |
| 1. **DESCRIPTION OF WORK**
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| Describe in detail (around 200 words) the work you have been doing during the past three years:(Please attach a list of any material you may have published)Take a set of arrangement to ensure that an adequate capability is in place within BNPP for an effective response in an emergency. This arrangement include;provide emergency plans and procedures; provide tools, equipment and emergency facilities; taken training, drills and exercises; preparedness to take emergency protection measures and a general establishment an emergency management system.Participate in translation of:- Preparedness and Response for a Nuclear or Radiological Emergency GSR Part7,- Ooverview of training methodology for accident management at nuclear power plantsTecdoc 1440 and- Pandemic Threat Planning, Preparation, and Response Reference Guide NEI 06-03 [Rev 2] |
| 1. **PREVIOUS PARTICIPATION IN IAEA ACTIVITIES**
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| Have you been or will you be involved in any IAEA activity?: ☒ Yes ☐ NoIf yes, please list each activity below: 🞎Workshop on regulatory review and assessment of sever accident phenomena; Assistance in review of Off-site of NPP and organizations in emergency situation; |
| 1. **OBJECTIVES FROM THE GOVERNMENT’S POINT OF VIEW**
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| a)Outline in at least 200 words the detailed programme of training you require:b) Outline in at least 200 words the roles foreseen by the supervisor or project counterpart upon the applicant's return, and how the training will be of value to meeting the needs of the project objectives:c) If you are applying for a fellowship, also outline in at least 200 words the detailed programme of work you expect to carry out during the next 12 months at your home institute before starting the training you requested: |
| **10. HOST COUNTRY/COUNTRIES** |
| a) Indicate the countries where you would like to be trained. [The IAEA reserves the right to select the appropriate country of training.]Austria, Bulgaria, Hungry, Finland, Czech republic, Slovak, Slovenia, France.b) If you are acquainted with the proposed host country/countries, list the institution where you desire training to be arranged. If known, indicate also the names of the individual(s) under whose direction you would like to work:c) Indicate how much time you could devote to the training, and the period when you would be available to undertake the training (please keep in mind it may take several months from submission of application to finalizing arrangements). Indicate any period when you would not be available. |
| **I hereby certify that the statements made by me in this application are true and complete.** **If selected for a fellowship/scientific visit, I undertake to:** |
| Conduct myself at all times in a manner compatible with my status as a recipient of an IAEA training award; Spend the full time during the period of the award in the training programme as directed by the supervising agency in the country of study and by the IAEA; Refrain from engaging in political and commercial activities; Submit reports in accordance with the requirements of the IAEA; Return to my home country at the end of the fellowship/scientific visit and work in my country for a period of at least two years in the field of peaceful uses of atomic energy; Accept no remuneration other than the fellowship/scientific visitstipend and the salary which is paid to me by my own Government or institution nor render any services against payment or other form of remuneration; Inform the IAEA whenever there are changes in my status or availability that will affect the terms of my IAEA training award. |
| Supervisor’s approval for fellowship/scientific visit application obtained ☐Yes☐No  |
| SIGNATURE OF COUNTERPART | NAME:  | DATE: YYYY-MM-DD |
| 12.STATEMENT BY THE GOVERNMENT OFFICIAL RESPONSIBLE FOR ATOMIC ENERGY MATTERS IN THE COUNTRY(to be completed only in the case of afellowship application). |
| a)What are the objectives of this proposed fellowship from the Government’s point of view?b) Explain how the applicant’s training programme will achieve the above objectives.c) Explain clearly and fully how the experience gained by the applicant on his/her fellowship will be utilized on his/her return home to further the peaceful uses of atomic energy in the country, either with the organization responsible for atomic energy matters or with another national or private-sector institution. |
| 13. COUNTRY APPROVAL |
| Our Government is cognizant of the principles and rules pertaining to IAEA-supported training awards and nominates this applicant for a fellowship/scientific visit and, noting the responses given by the applicant, certifies that: All information supplied by the applicant is complete and correct, and the applicant is proficient in the training language; After completion of the training period, the applicant will be offered a suitable position in order to permit him/her to work in his/her country for a period of at least two years in the field of peaceful uses of atomic energy; In case the applicant is already employed, his/her salary will continue to be paid throughout the period of the award; The applicant will be paid all expenses relating to his/her passport, visa, medical examination and other incidental expenses; All medical costs not covered by insurance which are incurred during the fellowship/scientific visit due to illness or injury will be met by the Government; No facts are known to the Government regarding the reliability and character of the applicant which would obstruct giving him/her access to nuclear installations or institutions where ionizing radiation is used. |
| SIGNATURE OF COUNTERPART | NAME | DATE (YYYY-MM-DD) |
| SIGNATURE OF NLO | NAME | DATE (YYYY-MM-DD) |

Important: Please attach a copy of your passport (or other ID if no passport exists)!