

NOMINATION FOR TC TRAINING COURSE The Government (nominating authority) of Nominates the person indicated below for the following event organized under TC project RAS/9/085 (event title), Tehran (location), 07-11 October 2017 (dates) 1. PERSONAL INFORMATION Nationality: IRANIAN Gender: Female Family name (as in passport): AGHAJANI 2nd nationality (if any): Passport No.: P41290336 Middle name (if any, as in passport): First/given name (as in passport): MOHAMMAD Date of issue: 2017.05.02 Place of issue: Immigration and Passport Date of birth: 1973.04.09 Police of Iran Valid until: 2022.05.02 Place of birth: MIANEH 2b. HOME ADDRESS 2a. OFFICE ADDRESS Institute name: Bushehr NPP Address: No.E25, Morvarid Residential Camp, Bushehr NPP, Institute address: Bushehr Bushehr PO Box:7518114791 PO Box: 7518163495 Zip Code: Zip Code: Town/City: Bushehr Town/City: Bushehr State: Bushehr State: Bushehr Country: Iran Country: Iran Telephones (including country/city codes): Telephones (including country/city codes): Home: +987731118176 Office: +987731112608 Cellular: +989143231120 Cellular: +989143231120 Email: bnpp@nppd.com Email: m.aghajani73@yahoo.com Web: Web: Airport/town nearest to residence: 3. LANGUAGE SKILLS Description: Mother tongue: Persian Language Speak Read Write FLUENT (F) Speak, read and write nearly as well as mother tongue W W Russian W WORKING Engage freely in discussions, read and write L W W English KNOWLEDGE (W) more complex material LIMITED (L) Limited conversation, reading of newspapers, routine correspondence 4. EDUCATION Institution: Tabriz university Start date: 1991 Institution city: Tabriz Institution country: Iran (Anticipated) Graduation date: 1996 Main course of study: Physics Education level (achieved): BSc Specialization: Start date: Institution: Institution city: Institution country: (Anticipated) Graduation date: Education level (achieved): Main course of study: Specialization: 5. WORK EXPERIENCE Current job: ⊠Yes ☐No Employer: Bushehr NPP Type of business: Exact title of post: Job function: Rad. Waste Treatment Expert Work location (city/country): Bushehr / Iran Start date: 2012 Current job: Yes No Type of business: Employer: Job function: Exact title of post: Work location (city/country): Start date:

Employer: Type of business: Job function: Exact title of post: Start date: Work location (city/country): / 6. HEALTH AND RADIATION I declare that I am in good health, free from infectious diseases and able physically and mentally Yes No to carry out any relevant duties away from home. If you have a physical disability or medical condition which might limit your ability to perform your assignment, please indicate the limitations below:					
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A certificate of good health dated not more than three months prior to the assignment must be submitted for:					
 training courses that are longer than three months; 					
all candidates over the age of 65.					
Are you covered under a radiation surveillance programme in your country?					
for the past five years. • 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).					
Radiation Surveillance Remarks:					
7. DESCRIPTION OF WORK					
Past work done by the nominee which is relevant to the event:					
Managing the radioactive wastes produced by NPP (including solid, liquid and gas)					
Accounting and controlling the amount of produced wastes					
8. PREVIOUS PARTICIPATION IN IAEA ACTIVITIES					
Have you been or will you be involved in any IAEA activity?: ∑Yes ☐No					
If yes, please each activity below:					
Workshops and Meetings					
9. OBJECTIVES FROM THE GOVERNMENT'S POINT OF VIEW					
How is the Government going to make use of the training received by the candidate at the course?					
10. COUNTRY APPROVAL					
The nominating authority gives the following assurances:					
 All information supplied in this form is complete and correct, and the applicant is proficient in the training language; 					
Should the candidate's language qualification prove to be insufficient or should the candidate's state of health not					
correspond to the examining physician's statement, the nominating Government will accept the responsibility for the					
consequences and any costs arising therefrom;					
 It is noted that the sponsoring organization(s), host country(ies) and host institution(s) do not accept liability for the payment of any costs or compensation arising from damage to or loss of personal property, or from illness, injury, 					
disability or death of the nominee while he/she is travelling to and from or attending the Meeting/Workshop/National					
Consultancy and it, the nominating authority, undertakes the responsibility for such coverage;					
The position of the nominee will be retained for him/her and he/she will continue to receive during the Meeting a					
salary and related emoluments to enable him/her to meet his/her financial commitments in his/her home country;					
• The selected nominee will conduct himself/herself in a manner compatible with his/her status as a participant in an					
IAEA event and will refrain from engaging in any political and commercial activities;					
 No facts are known to the nominating authority regarding the reliability and character of the nominee which would obstruct giving him/her access to nuclear installations or institutions where ionizing radiation is used. 					
Control of the contro					
SIGNATURE NAME Mohamman Azhajan DATE 05.07.2017					

OCCUPATIONAL EXPOSURE HISTORY

Candidate's Name	MOHAMMAD AGHAJANI
Employer	Bushehr NPP

Event Title	Regional Training Course on Management Options for Disused Sealed Radioactive Sources of Category 3-5 Including a Practical Demonstrations of Conditioning Procedures					
Event Number	RAS/9/085					
Venue	Tehran, Atomic Energy Organization of Iran					
Dates	From:	7 October 2017	То:		11 October 2017	

Are you covered under an individual monitoring programme in your country? \square YES \square NO If yes,

- Starting date of the individual monitoring (mm/yyyy): 29 December 2012
- please fill in the applicable fields below:

Quantity	Unit reported	Value during the previous five calendar years	Valueduring the current calendar year				
Effective dose ⁽¹⁾	mSv	0.06	0				
Equivalent dose to the lens of the eyes	mSv	0	0				
Equivalent dose to the extremities or to the skin	mSv	0	0				
OEH data provided or confirmed by ⁽²⁾ :	Name: Mohammad Jafari Responsibility: Manager of Radiation Protection Signature:						

Candidate's Signature:

Date⁽³⁾:

05 July 2017

⁽¹⁾ Effective dose due to external AND internal exposure. If another quantity is reported, please indicate name and unit.

⁽²⁾ The OEH data is to be provided or confirmed by the radiation protection officer, the candidate's supervisor, or the provider of the individual monitoring service.

 $^{^{(3)}}$ This form should not be older than six months before the date of the event.