



विकिरण एवं आइसोटोप प्रौद्योगिकी बोर्ड
Board of Radiation & Isotope Technology (BRIT)
Government of India, Department of Atomic Energy

APPLICATION FOR ORDERING “RADIOPHARMACEUTICALS” A-1 Form

File number - C-	Purchase Order (PO) number-
Name of Consignee:	To be Invoiced to:
Designation:	Designation:
Institute Address:-----	Institute Address:-----
Phone (Std code):	Phone :
Mobile No:	Mobile No:
Email :	Email :

1. Radiopharmaceuticals required (with code)----- Quantity: -----

2. Radiopharmaceuticals required (with code)----- Quantity: -----

3. Radiopharmaceuticals required (with code)----- Quantity: -----

4. Radiopharmaceuticals required (with code)----- Quantity: -----

5. Radiopharmaceuticals required (with code)----- Quantity: -----

AERB authorization reference no & maximum activity authorized-----

Purpose of use: For human ----- or others, specify:-----

Material required on ----- Mode of despatch - PD / PC / AD - Airport -----

<p>I understand that, if this application is accepted, it will be registered as purchase order for the material to which it refers subject to the conditions of sale given overleaf</p> <p>Signature of Applicant -----</p> <p>Name, designation & seal of office -----</p>	<p>I undertake to ensure any material supplied against this application will not be used otherwise than described above. I undertake full responsibility when the material is used on human beings. I have read the explanatory notes & conditions of sale given overleaf</p> <p>Signature of Applicant -----</p> <p>Name, designation & seal of office -----</p>
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For BRIT Office use only: IGA /

BRIT, DAE, BARC Vashi complex, Sector -20, Vashi, Navi Mumbai - 400703

Tel – 022-27887254

Fax no- 022-27887272 / 18

website: www.britatom.gov.in

Email ID: rphp@britatom.gov.in, dryojanasingh@gmail.com

[For explanatory notes please refer form A-1 page 2 from our website - www.britatom.gov.in

