

e-Licensing of Radiation Applications (eLORA)

<u>Guidelines</u>

for

Medical Cyclotron Facility

Visit e-LORA for recent guidelines

Guidelines for Applying for Consents for Medical Cyclotron Facility through eLORA System

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General Guidelines

The practice of use of Medical Cyclotron Facilities in India is governed by the Atomic and Energy Act, 1962 and rules promulgated under the Act. In view of this, AERB issues regulatory consents at different regulatory stages for safe handling of the same and publishes codes and guides as per the act & relevant rules. To facilitate the mandate, AERB has launched e-LORA (e-Licensing **o**f **R**adiation **A**pplications), its e-governance application system to facilitate online submission of applications for regulatory consents and establish channel of communication with AERB for other regulatory requirements. All User Institutes having Medical Cyclotron Facility are required to use eLORA for obtaining relevant consents and approvals from AERB.

Note: Applications to be sent for relevant stages are described in Tabular form in Brief Description of the Regulatory Forms.

1. Register Your Institute

Note: Those who have already registered their institute through e-LORA for other practices, need not register again. The Medical Cyclotron facility can be updated in their Institute Profile. Guidelines for updation is available in e-LORA Home Page.

Visit our website www.aerb.gov.in. Click on **eLORA**, which is available on website home page. It will redirect you to the following screen of **eLORA HOME PAGE**.



Click on **Register Institute** (see above figure). This will open application form for Institute Registration.

Rediff.com: Online Shoppi 🗴 💿 eLORA Login Page 🛛 🗙 💮 Registe	r Institute × +				- 0
172.281.11:8280/ELORA/registerInstituteAction.htm		N Fast C Q Search	☆ 自 ♥	+ 🏦	¢
CATION FOR INSTITUTE REGISTRATION					
stitute Details Employer Details Attachments					
			All fields marked by *are manda	tory	
Institute Details					
Institute Name*					
Institute Type*	Please Select				
Registered with any State/Central Govt auth.*	Please Select				
PAN No.					
TAN NO.					
Address Of Institution				_	
Institute Name					
Address Line1*					
Address Line2					
Landmark					
State*	Please Select				
City/District *	Please Select				
PIN *					
Address Of Communication				_	
Is Address of Communication same as Address Of Institution?	Please Select				
Address Line1 *					
Address Line2					
Landmark					
State *	Please Select	_			
City/District *	Please Select	•			
PIN *					
	Submit Close	Reset			
2 🔁 🖸 💫 📉 🚳 📧			+ 4o	12 😼	11:5

Important Note: Guidelines to fill application form for Institute Registration is available on eLORA home page. It is advised to read the guidelines and keep soft copy of required attachments ready before start filling of application form.

Fill the application form as per the guidelines. Important points in each tab are mentioned below:

Tab 1: Institute Details

In **Type of Facility** section, for the field **Practice** select **Medical Cyclotron Facility** and for the **Role** select **Radiation Facility – Medical Cyclotron**

Tab 2: Employer Details

Name: Fill the complete name of employer as appearing in his/her document for **Proof of Identity/Date of Birth (DOB)** to be attached.

Date of Birth: Fill the DOB as appearing in the proof of identity/DOB to be attached

Document/card for proof of identity and date of birth (of employer): Select one from the drop down. (Soft copy of this is a mandatory attachment).

Document/Card No. (of Proof of Identity/DOB): Must match with the proof of identity/DOB attached

E-mail (O): Will be used to send USERNAME and PASSWORD of your eLORA account and for all future communications. (Make sure to provide correct email address).

Tab 3: Attachments

Upload of following attachments are mandatory:

- Proof of Identity and Date of Birth (of employer): Acceptable documents are as follows:
 - o Passport
 - o PAN card issued by Income Tax Department
 - o Driving Licence issued by RTO
 - o Photo identity document/card having serial number and date of birth issued by Central/State Government or PSU
- ✓ Proof of Employership: Example: (i) Joining order as employer, (ii) Board Resolution, (iii) Any Govt./PUC document substantiating proprietorship (iv) Partnership deed (notarized) or (iv) Proprietor's self declaration on institute letter head affixed with institute seal
- ✓ Upload scan copy of any one of the document (in the relevant position) for the proof of existence of institute:
 - o PAN of Institute
 - o TAN of Institute
 - o Registration with State/Central/Local Government Authority

Enter the Captcha and submit the application form.

Important Note: Fields marked with * in the application form are mandatory. Application form will not be submitted if any mandatory field left blank.

You will get acknowledgement message upon successful submission of application form. The copy of submitted application (.pdf file) can be downloaded for which link will be provided (pl. note, this link will be active for a short period). You will also receive an acknowledge mail with the copy of your application form (.pdf file) in your email (email address as provided in the application form).

2. General Requisites

General details of the facility has to be recorded in the system by the following menus;

A. Declare Employees

Personnel with appropriate radiation safety training may be added as **Radiation Safety Professional** for **Medical Cyclotron Facility** as employee. **Radiation Safety Professional** having appropriate qualification may be nominated as RSO of the facility. Guidelines for the same is available in **Help Menu**.

For adding employees to your institution, please follow the path as;

Menu → User Management → Add Employee → Select required Type of Employee from drop down

Change Password				
Instrument Management 🔹 🕨				_
My Applications	Add	Employee		
My Casefiles	Cha	nge Licensee		
My Drafts	Desi	gnate Licensee	01	addition of equipment/source
My Institute Details	Desi	anate/Relinguish Employees	D1	addition of equipment/source
				Approval for Source Storage
Regulatory Forms	Upua	ate/Dissociate Employee	D1	Equipment TA (ref no. 15-50
User management	Upda	ate Institute Details		Source Type registration (ref
view Inspection Documents		06/04/2015 01:34 PM	Your application for	supplier authorisation (ref no.
		10/03/2015 09·14 AM	Vou have successful	lly submitted Nomination for T

Three options are available in drop down for Type of Employee as follows;

- Radiation Professional (for Radiation Safety Professional...Note that these people can only be nominated as RSO)
- ✓ Radiation Worker (for supporting staffs eg operators, pharmacist, helpers etc)
- ✓ Non Radiation Worker (to add Licensee if he is not a radiation worker)

In the form for adding Radiation Professional,

- A pop up will prompt you to provide **RP ID** and **DOB** of the personnel which will be available with the person. All other personal details will come automatically.
- Provide Date of Joining (of service in your institute), PMS No. (i.e. complete TLD No.), Department and Designation, Profile (i.e. 'Sealed Sources') and Professional Role (i.e. 'Radiation Safety Professional')
- Provide Email (O)
- Browse and upload scan copy of joining /confirmation letter of employee and click on Submit

elect Employee Type			
/pe Of Employee*	Radiation Professional	I	
Personal Details			All fields marked by * are mandator
	Click here to add a F	RP	
Title*			
First Name*			
Middle Name			
Last Name*	Select radiation professional		X
Date Of Birth*			
Date Of Joining*			
Department	RP registration ID 🕢		
Designation	Date of birth of RP*		I I
Select profile*	Whether the person is also Employer of the institute?*	🗇 Yes 🔘 No	
	Employer of the modeleter		
		Search	
Professional Role*			
PMS NO (Applicable for 'Medical diagnostic x-ray fa only.)	icility,Radiotherapy',Nuclear Medicine		
Role (Applicable for 'Medical diagnostic x-ray fa Role shall be selected based on appropriat for required minimum qualifications.)	ncility' only. Le qualifications. Refer AERB website	iagnostic x-ray facility r-Medical diagnostic x-ray facilit	
Permanent Address			
Address Line1*			
Address Line?			

In the form for adding Radiation Worker,

- Provide required personal information of employee viz. Title, Name, Gender & Date of Birth
- Provide required service information of employee viz. Date of Joining (of service in your institute), PMS No. (i.e. complete TLD No.), Department, Designation, Profile (i.e. 'Sealed Source').
- Provide address & contact details of employee
- Browse and upload scan copy of joining /confirmation letter of employee and click on **Submit**

Type Of Employee*	Radiation Worker	
Personal Details		
Title*	Please Select	
First Name*		
Middle Name		
Last Name*		
Gender*	Please Select	
Date Of Birth*		
Date Of Joining*	7/4/2015	
Department		
Designation		
Select profile*	Radiotherapy installations Supplier of radiotherapy equipments/sources Manufacturer of radiotherapy equipments/sources Nuclear Medicine Facility Supplier of Nuclear Medicine Equipment/Source Gamma Irradiation Chamber (Radiation Facility)	0
PMS NO (Applicable for 'Medical diagnostic x-ray facility,Radiotherapy,Nuclear Medicine' only.)		
Role (Applicable for 'Medical diagnostic x-ray facility' only. Role shall be selected based on appropriate qualifications. Refer AERB website for required minimum qualifications.)	Operator-Medical diagnostic x-ray facility Medical Practitioner-Medical diagnostic x-ray facilit	0
Education Qualification	Please select	
Attachment for uploading copy of proof of education (Applicable for 'Medical diagnostic x-ray facility' only.)	Browse_ No file selected. Clear	
Permanent Address		
Address Line1*		
Address Line2		
Landmark		
	Submit Close Reset	

In the form for adding Non Radiation Worker,

- Provide required personal information of employee viz. Title, Name, Gender & Date of Birth, Father's Name, Educational qualification
- Provide required service information of employee viz. Date of Joining (of service in your institute), ID proof, Department, Designation
- Provide address & contact details of employee
- Browse and upload scan copy of joining /confirmation letter and proof of educational qualification of employee and click on **Submit**

e Of Employee*	Non Radiation Worker	-
Personal Details		
Title*	Please Select	•
First Name*		
Middle Name		
Last Name*		
Date Of Birth*		
Gender*	Please Select	•
Date Of Joining*	7/4/2015	
Document/card for proof of identity and date of birth*	Select One	•
Document/card No.*		
Father's Name*		
Education Qualification	Please Select	•
Designation		
Department		
Permanent Address		
Address Line1*		
Address Line2		
Landmark		

B. RSO Approval

A **Radiological Safety Officer** or **RSO** is mandatorily required for the facility. **Radiation Safety Professional** having appropriate qualification may be nominated as RSO of the facility.

Guidelines for the same is available in Help Menu.

For adding RSO to the facility, please follow the path as;

Your Logged in profile is: Nuc	clear MedicineNuclear Medi	cine Facility
Change Password		My Inbox
Instrument Management		
My Applications		Nominate RSO
My Casefiles	Date and Time 🍦	Non-utilization of Approval Mes
My Drafts	Common Forms	Employer Change Initiation 0) is A
My Institute Details	Nuclear Medicine	pr addition of equipment/source model (ref no. 15-5069) is A
		or Approval for Source Storage Facility (ref no. 15-5066) is
Regulatory Forms	Transport	present the provided set of the provided set o
User management	06/04/2015 01:39 PM	Your application for Source Type registration (ref no. 15-5061) is Approved. A
View Inspection Documents	06/04/2015 01:34 PM	Your application for supplier authorisation (ref no. 15-5060) is Approved. App
	10/03/2015 09:14 AM	You have successfully submitted Nomination for Trainee Radiographer with Ap

You will be navigated to the following screen for nomination of RSO

Radiation Professional Details						
Select Radiation Professional						
Radiation Professional*						
Date of Birth*						
Registration ID*						
Role of RP*						
RSO Status [*]						
e-Mail Id Official*						
Education Details						
Experience Details						
\frown						
Nominate	Renominate	Renew	Undesignate	Reset	Close	

Nominate RSO (for first time approval in the institute):

"Nominate RSO" is applicable for nominating the employee for RSO of the institute for the first time. Select the employee from the List of Values (LOV) indicated in the right side of the Radiation professional label. The details of the selected employee will be populated in the rest of the fields. Choose the button "Nominate". Click on "Freeze". Now application form will be generated. You can download the form from the link provided in the message as follows,



Else you may choose "My Application" to download the same form. A scan copy in PDF format for the first page of the application after signed and affixed with the Institute Seal need to be uploaded and then select "Submit". After successful approval of the RSO Nomination you (Employer and RSO) will receive a message in their email id as provided in eLORA. A copy of the approval letter will also be emailed to RSO's email Id. Employer can view the approval copy in "My Application" and also choosing the infrastructure case file.

RSO renewal (renewal on expiry of RSO approval)

Renewal of RSO can be initiated by employer of the facility. From the employee list, only employee can be selected whose RSO status is "Yes".

Select Radiation Professio	nal				
Radiation Professional*					
Date of Birth					
Registration ID*					
Role of RP					
RSO Status					
e-Mail Id Official					
Education Details					
Experience Details					
Nominate	Renominate	Renew	Undesignate	Reset	Close

RSO Renomination (to add or remove roles of the RSO)

Only approved RSOs of the institution can be renominated for addition/removal of roles of the institute. Renomination button will be deactivated for the employee whose RSO status is "Yes" before one month of RSO approval validity.

ominate RSO		
Radiation Facilities to be assigned	0	Medical diagnostic x-ray facility
	In case of renomination, already nominated	facilities will appear as pre-selected therapy equipments/sources radiotherapy equipments/sources
		Supplier of x-ray equipments/x-ray tubes
		 Manufacturer of x-ray equipments/x-ray tubes Medical Diagnostic-Service Agency
Additional Responsibilities Proposed	to be Assigned to the RSO	
		4

Click on "Freeze". Now application form will be generated. You can download the form from the link provided there. Else you may choose "My Application" to download the same form. A scan copy in PDF format for the first page of the application after signed and affixed with the Institute Seal need to be uploaded and then select "Submit". Status of the application can be viewed from "My Application" and also choosing the infrastructure case file.

RSO Undesignate (to remove the RSO roles completely):

In case, employer wants to withdraw the role of RSO from an approved RSO, the same can be initiated through "Undesignate" option. Only approved RSOs can be undesignated and he/she will no longer be RSO of the institute. However, he/she will continue to be employee of the institute.



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In the "View employee list", the status of RSO will be indicated as "No". In case the RSO is leaving the Institute, the employer has to "Undesignate" the RSO and then "Dissociate" him/her. A relinquishing letter for the RSO dissociation will be available in RSO approval file and the status of the RSO file will be "close".

VIEW DETAILS OF INSTITUTE	F EMPLOYEE					
Employee Details						
	Type Of Employee*		Radiation Professional	•	2	
					Search:	
Select	, Eng	doyee Name 🕴 🕴	Designation		RSO Status	Status
0	A	MIT NIRHALI	Radio Physicist		Pending	No
. 0	VEND	HAN SUBRAMANI	Radio Physicist		No	Yes
		Show Details	Dissociate Close			

C. Update/Dissociate Employee

Employer can update/dissociate employee from his/her institution. Employer can update employee details such as PMS No., Designation, Department and e-mail (O). Employer can also dissociate employee. Follow the path:

Menu ——	User Management —	—► Upd	date/Dissociate	Employee
---------	-------------------	--------	-----------------	----------

Change Password		
Instrument Management		
My Applications	Add Employee	
My Casefiles	Change Licensee	
		cation ref no. 15-40534 is Rejected.
My Drafts	Designate Licensee	successfully submitted Equipment Receipt Intin
My Institute Details	Nominate/Relinquish Employees	cation ref no. 15-40533 is Approved. Approval
Regulatory Forms	Update/Dissociate Employee	uccessfully submitted Application For Procure
User management	Update Institute Details	F has been uploaded successfully.
	18/00/2013 05:10 PM	rou nave successfully freezed Application For Procureme
View Inspection Documents	18/06/2015 03:09 PM	Electrometer has been added successfully with identificat

• Update Employee Details

After clicking on Update/Dissociate Employees, the following screen will appear;

Employee Details			
Type Of Employee*		Radiation Professional	Search:
Select	Employee Name 🔶	Non Radiation Worker Radiation Professional	¢ RSO Status
0	TEST RP TEST RP		Yes
Showing 1 to 1 of 1 entries			
	Show Details	Dissociate Close	

Employer need to select Type of employee as shown above and then select employee detail(s) and click on show details as shown above, the following screen will appear:

Type Of Employee*	Radiation Professional *	
		All fields marked by * are mandatory
Personal Details		
Registration ID*	15-01264	
Title*	Mr.	
First Name*	TEST RP	
Middle Name		
Last Name*	TEST RP	
Date Of Birth*	01-06-1980	
Professional Role*	Medical Physicist	
Designation		
PMS NO	0123456	
Department		
	Tagged roles	
Available Roles	Medical Practitioner-Medical diagnostic x-ray facility	
	Select checkbox to add role	
The second s	Operator-Medical diagnostic x-ray facility	
Role	Select checkbox to remove role	
	Medical Practitioner-Medical diagnostic x-ray facility	
Permanent Address		
Address Line1*	NIYAMAK BHAVAN B	
Address Line2		
LECTROPIC CONSTRUCTOR BY	Contraction Contraction Contraction	
	Close Update Education Detail Experience Deta	

Employer can update employee details such as PMS No., designation, department, E-mail (O), Roles, etc. The details will be updated and can be viewed in 'My Institute Details'.

• Dissociate Employee

After clicking on update/dissociate employee, the following screen will appear:

VIEW DETAILS OF INST	ITTUTE EMPLOYEE							
Employee Details								
	Type Of Employee		Please Select Please Select Radiation Worker		Search:			
	Select	Employee Name 🔶	Non Radiation Worker Radiation Professio	ker nal	•	RSO Status		Licens Statu
	0	RAM SINGH	DIRE	ECTOR		No		Yes
	0	TEST RP TEST RP				Yes		Yes
Showing 1 to 2 of 2 en	tries						Pres	vious Ne

Employer need to select Type of employee as shown above and then select employee detail(s) and click on dissociate as shown below. Then employee will be dissociated from the institution.

Employee Details							
	Type Of Employee*			Radiation Profession	nal 🝷		
						Search:	
	Select 🔒	Employee Name	\$	Desig	nation ¢	RSO Status	¢ License Status
	0	TEST RP TEST RP				Yes	Yes
Showing 1 to 1 of 1 or	triag						Previous Next
Showing 1 to 1 of 1 en	ici res						
			Show Details	Dissociate Close			

D. Declaration of Instrument

Measuring (viz. Secondary Standard Dosimeter), Monitoring (Viz. Survey meter), QA and Safety Tools can be declared one time in your eLORA account through Instrument Management menu. The status of instruments (viz. proposed/available, update in calibration date, etc) can also be managed through this menu.

Add Instrument

Medical Cyclotron facilities may require instruments e.g. survey meter, contamination monitor, area monitors etc for day to day functioning of the facility. The instruments need to be declared in e-LORA. To declare the same follow the path as:

Menu → Instrument Management → Add Instrument/View Instrument

-		102	
Change Password	Add Instrume	ant	
Instrument Management	: View Instrum	ent	
My Applications			
My Casefiles		Date and Time 🍦	
in a contained		26/02/2014 10:49 AM	Your application for registration of x-ray insert [Ref: No 14

Following options are available in Drop Down for Type of Instrument,

- Measuring Tools (Dose Calibrator etc)
- Monitoring Tools (Survey Meter, Area Monitor etc)
- QA Tools (Phantoms & other accessories)
- Safety Tools (Safety accessories like Fume Hood, Tongs, Glove Box, Hot Cells etc)

Instrument Details	
	All fields marked by * are mandatory
Type Of Instrument*	Please Select
Type Of Instrument Sub-type*	Measuring Tools Monitoring Tools QA Tools Safety Tools
	Submit Close Reset

Instrument Details				
Type Of Instrument*		Monitoring Tools	U.	All fields ma
Type Of Instrument Sub-type*		Pionicoling loois		
가 가 가지 가 있는 것 같아요. 가 가 있었다. 가 가 있었다. 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가		,	Instrument Tune - Mazilla Eirefox	
	Eile Edit View	History Bookmarks Tools Help	industrial office industrial interior	
	3 172.28.1.11.8	280/ELORA/fetchEquipSubType.htm?selVal=98629abf0	99f35f0f3cd37c75e26caec&pds=d188572704d9f4556dbe	4fcb6ad9ea0a
				Search:
	Select		Instrument Sub Type	
		Survey meter		
	0	Contamination Monitor		
	0	Gamma zone monitor		
	0	Gun Monitor		
	0	Pocket dosimeter		
	0	Stack Monitor		
	0	Pocket dosimeter Stack Monitor		

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All the instruments has to be declared separately to the system which will store all the details. The LOV for Type of Instrument Sub-type will list out all the relevant instruments as per the selection in the previous field.

• Manage Instrument Status

Use **Menu**→ **Instrument Management** → **View Instrument** to manage status of Instrument

eLC	RA	
Welcome RAM SINGH Your Role is: Employer, L Institute Name:RADIOTH Last Successful Login:27/0 Your Logged in profile is:	.icensee IERAPY TEST INSTITUTE (MF 12/2015 Radiotherapy-Radiation Facility	Home Switch Profile View Profile
Change Password	Add Instrument	My Inbox
Instrument Management	View Instrument	View All Me
My Applications		Search:
My Casefiles	Date and Time	Message to User
en contentes	27/02/2015 05:29 PM	Large volume/well type ion chamber has been added successfully with identification no. SE-0001459
My Drafts	27/02/2015 05:28 PM	Phantom for absolute dosimetry has been added successfully with identification no. SE-0001458
My Institute Details	27/02/2015 05:27 PM	Emergency source storage has been added successfully with identification no. SE-0001457
Regulatory Forms	27/02/2015 05:27 PM	D20/D10 phantom has been added successfully with identification no. SE-0001456
Liser management	27/02/2015 05:26 PM	Survey meter has been added successfully with identification no. SE-0001455
	27/02/2015 05:24 PM	Thimble Chamber has been added successfully with identification no. SE-0001454
View Inspection Documents	25/02/2015 04:42 PM	Your Application has been approved and the Institute Number is : MH-20824. UserId and password has been sent to your registered emailid.

After clicking on **View Instrument** the following screen will appears. You can view details of all instruments or update details of particular instrument or delete any particular Instrument from your Institute account. Select the instrument and click on **View** as shown below.

Select Safety Instrument Type Safety Instrument Sub Type Instrument Identification Number Instrument Make Instrument Model Instrument Model Instrument Stafety 0 Safety Tools Mobile Protective Barrier with Viewing Window SE-0008812 Imstrument Make Imstrument Model Available 0 Safety Tools Protective Apron SE-0008811 Imstrument Mobile Protective Glass SE-0015807 Imstrument Mobile Proposed 0 Safety Tools Contamination Monitor SE-0015807 Imstrument Mobile Available 0 Monitoring Tools Contamination Monitor SE-0034627 Imstrument Mobile Available 0 Safety Tools Protective Apron SE-0034626 Imstrument Mobile Available 0 Safety Tools Protective Apron SE-0034626 Imstrument Mobile Available					Search	:	
oSafety ToolsMobile Protective Barrier with Viewing WindowSE-0008812Image: Comparison of Comparison	Select	Safety Instrument \$	Safety Instrument Sub Type 🛛 🕸	Instrument Identification Number	Instrument Make	¢ Instrument ¢ Model ¢	Instrume Status
oSafety ToolsProtective ApronSE-0008811Image: Constant of Cons	0	Safety Tools	Mobile Protective Barrier with Viewing Window	SE-0008812			Available
o Safety Tools Ceiling Suspended Protective Glass SE-0015807 Image: Section of the section of t	0	Safety Tools	Protective Apron	SE-0008811			Proposed
o Monitoring Tools Contamination Monitor SE-0019928 sdf sdf Available o Safety Tools Protective Apron SE-0034627 Image: Contamination Monitor Available o Safety Tools Protective Apron SE-0034626 Image: Contamination Monitor Available o Safety Tools Protective Apron SE-0034626 Image: Contamination Monitor Previou o Safety Tools Set of 6 entries Set of 6 entries Set of 6 entries Set of 6 entries	0	Safety Tools	Ceiling Suspended Protective Glass	SE-0015807			Available
Safety Tools Protective Apron SE-0034627 Available Safety Tools Protective Apron SE-0034626 Available nowing 1 to 6 of 6 entries Previou Previou	0	Monitoring Tools	Contamination Monitor	SE-0019928	sdf	sdf	Available
Safety Tools Protective Apron SE-0034626 Available howing 1 to 6 of 6 entries Previou	0	Safety Tools	Protective Apron	SE-0034627			Available
nowing 1 to 6 of 6 entries	0	Safety Tools	Protective Apron	SE-0034626			Available

After clicking on "view' the following screen will appear. Through this Employer of the Institute can modify status of the instruments (viz. Functional status, Calibration date, Calibration valid till date, Calibration energy and calibration lab detail). The selected equipment can also be deleted by clicking on 'Delete' button.

Important Note: Regulatory clearances will not be issued till all requisite Measuring instruments, Monitoring instruments, QA tools and Safety tools for particular type of facility are successfully recorded in eLORA.

Application for various AERB Consents through eLORA

This user guide brief about the online submission process of the regulatory application forms for obtaining various clearances for operating the Medical Cyclotron Facility. To start transacting with eLORA, you must have a user credential i,e user id and password. This credential will be issued to you after your institute registration application is approved in eLORA. The process for Institute Registration has already been detailed in this guidelines. The user id and password issued through eLORA will be posted in your e-mail id provided in the application form. Use this login credential to access the menus available for this practice.



Click on "Login" the following screen appears.

	Drofile Calaction
	Profile Selection
Username*	TI291
Re-confirm password*	
Practice*	Select One
	Select One
	Research
	Gamma Irradiation Chamber
	Calibration
	Radiotherapy
	Sealed Sources
	Diagnostic Radiology
	Radio Immuno Assay
(Medical Cyclotron Facility
	Consumer Products and Scanning Facility
	Transport Select Practice
	Gamma Radiation Processing Facility
	Industrial Radiography
	Well Logging
	Nuclear Medicine

Reconfirm your password and select your practice, role and installation type. You can select only one item at a time. In case, you would like visit other profile, use "switch profile" option available in your logged in page.

Profile Selection
Username* TI291
Re-confirm password* ••••••
Practice* Medical Cyclotron Facilit -
Institute Role* Select
Select
Radiation Facility

	Profile Selection
Username* Re-confirm password*	TI291
Practice*	Medical Cyclotron Facilit 👻 Radiation Facility 👻
Installation Type*	Select Select Select Radiation Facility - Medical Cyclotron
	Select

Click on Launch. The following screen will appear.

			Home Switch Profile	View Profile View All Messages Help Logout
At e-J	overnment of India tomic Energy Licensing of Radi	Regulatory Board ation Applications (eLORA) System	िक्सि सन्दर्भव जरने	Login: TEST INSTITUTE (T1291) Institute: TEST INSTITUTE TEST (MH-21818) Role: Employer, Licensee Profile: Medical Cyclotron FacilityRadiation Facility - Medical Cyclotron
		My Inbox		
Change Password				Search:
Instrument Management 🕨	Date and Time 🛛 🔶		Message to User	\$
My Applications	13/05/2016 05:30 PM	Your Application ref no. 16-134637 is Rejected.		
My Casefiles	22/01/2016 05:27 PM	Non compliance has been modified against your institute with I	NC reference no [MH-21818-N	C-3916].Refer 'My Institute Details' for further information.
My Institute Details	15/12/2015 11:58 AM	Your application ref no. 15-93255 is Rejected.		
Regulatory Forms	18/11/2015 02:45 AM	Non Compliance with reference no [MH-21818-NC-3916] r need to be taken to avoid regulatory actions.	aised agianst your institute is pend	ting for closure. The final date of closure is 2015-12-04. Immediate action
View Inspection Documents	18/11/2015 02:45 AM	Non Compliance with reference no [MH-21818-NC-3917] r need to be taken to avoid regulatory actions.	aised agianst your institute is pend	ling for closure. The final date of closure is 2015-12-04. Immediate action
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Click on Regulatory Forms to access the applicable form menu.

			Home Switch Profile	View Profile View All Messages Help Logout
	Government of India Atomic Energy e-Licensing of Radi	Regulatory Board ation Applications (eLORA) System	र्ग्यान उपने सन्दर्भन उपने	Login: SANJAY VENKATRAO PADALWAR (SP324) Institute: LOTUS HOSPITAL (MH-26155) Role: Employer, Licensee Profile: Medical Cyclotron FacilityRadiation Facility - Medical Cyclotron
		My Inbox		
Change Password	1	Application forms downloads		Search:
Instrument Management 🔹 🕨	Date and Time 👙	Application to AERB for Obtaining Consents	Message to User	4
My Applications	28/07/2016 01-25 DM	Von horro encourage Equipment Receipt Intimation	of Medical Cyclotron H	acility with application number 16-110702
My Casefiles	Common Forms	Source Receipt Intimation	minment Receipt Infor	nation dated 28/07/2016 can be downloaded from My application/My
My Drafts	Incident Reporting	Permission To Operate	Jupinent Receipt mon	nation dated 20/07/2010 can be downloaded from My appleador My
My Institute Details	Medical Cyclotron Facility	Decommissioning of Radiation Equipment	Approved Approval	No is 16-MCYERI-87945 New
Regulatory Forms	Transport	Intimation of Decommissioning	nation of Medical Cycle	stron Facility with application number 16-110701
User management	28/07/2016 01:18 PM	Approval letter with respect to the application number 16-110	700 for Application for Equipment	at Procurement dated 28/07/2016 can be downloaded from My
View Inspection Documents		application/My Case file New		
	28/07/2016 01:17 PM	Your application for Application for Equipment Procurement (r	ef no. 16-110700) is Approved.	Approval No is 16-MCYEQPPROC-87944. New
AERB Circulars	28/07/2016 10:28 AM	You have successfully submitted Application for Equipment Pro	ocurement of Medical Cyclotron	Facility with application number 16-110700 New
	22/07/2015 07:11 PM	Your application ref no. 15-60416 is Approved. Approval No	15-RSO-52512	
View All	22/07/2016 01.10 PM	West and the ABCO Mental Annes	No. N. 15 CO41C Co. ADDIDL	CLIDI ID A C A DDA 17 ATTE

Visit e-LORA for recent guidelines

1. Application forms downloads

All relevant forms for application for different clearances for Medical Cyclotron Facility are available under this. You may access the same by the following path:

Menu: Regulatory Forms → Medical Cyclotron Facility → Application forms downloads

Download the requisite application form. Completely fill the application form, scan/soft copy with appropriate signature and save the file. Make sure that the file is in PDF format and the size is not exceeding the 4MB upload limit.

plication Forms		
ctice	Medical Cyclotron Facility	
	predicar cy	
Application Details		
Application for Site Approval	Download	
Application for Layout Approval	Download	
Application for Design and Construction Approval	Download	
Application for Equipment Procurement	Download	
	Download	
Permission for Trial Run Operation		
Permission for Trial Run Operation Modification in Design of Radiation Facility	Download	
Permission for Trial Run Operation Modification in Design of Radiation Facility Resumption of Routine Operation	Download Download	

2. Application to AERB for Obtaining Consents

Application for any clearances pertaining to the facility should be processed through this step. To access the applications, please follow the path below:

Menu: Regulatory Forms — Medical Cyclotron Facility — Application to AERB for Obtaining Consents

Choose the appropriate application for what you want AERB clearance. Upload copy of the appropriate form for that stage as downloaded earlier. Ensure that the application should be duly filled in and signed in all respects and it belongs to that stage only.

You may provide Additional Information in the designated area.

	All fields marked	d by * are mar
Application Details		
Application For*	Please select	
Additional Information	Please select- Application for Site Approval Application for Layout Approval Application for Design and Construction Approval Application for Equipment Procurement	
Application Form(PDF Copy)*	Permission for Ina Run Operation Modification in Design of Radiation Facility Resumption of Routine Operation Procurement of Check Source	
are: doc, doc, xls, "dsx, odt, jpeg, jpp, prg, zjp, pdf.Alternative Attachments, If Any	y, you might zp t and upled to Shower for compressing files can be downloaded for free from http://www.7-up.org/download.html Attachments Browse No file selected. Clear	inoved me typ
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Required attachments are listed in Application Forms for that stage. Name the attachments and upload them as required. Click on **Submit** to send the form to AERB.

On successful submission, the following screen will appear. You can download your submitted application form this link or from the menu "My Application".

Your Application Number is 16-110577 Your Application has been submitted successfully. The link is given here Application_Form Close	

In My Application menu you can view the submitted details at any time and the status of the application will be tracked from this menu such as Submitted, In Progress, Approved or Rejected.

		Please Click On Radio Button cor	responding to an application, to see further	Search:	ung sorts by the respective c
Select	Application No	Description	🛊 Date Of Submission 🍦	Applicant \$	Application Status
۲	16-110577	Application for Site Approval	26/04/2016 09:34 AM	TEST INSTITUTE	Submitted
0	16-110570	Source Receipt Intimation	25/04/2016 04:39 PM	TEST INSTITUTE	Approved
	16-110563	Application for Source Procurement and Loading	25/04/2016 10:00 AM	TEST INSTITUTE	Approved
0	16-110562	Application for Site Approval	25/04/2016 09:58 AM	TEST INSTITUTE	Submitted
0	15-80796	Licensee_Change	14/10/2015 09:59 AM	TEST INSTITUTE	Approved
0	15-39274	RSO Nomination - Anand Pinjarkar	09/10/2015 12:12 PM	TEST INSTITUTE	Rejected
0	15-38902	RSO Nomination - Anand Pinjarkar	20/02/2015 05:23 PM	TEST INSTITUTE	Closed

3. Equipment Receipt Intimation

After due approval of equipment procurement obtained from the regulatory body via the aforementioned procedure and further receipt of the Medical Cyclotron at the facility, you are required to submit the Equipment Receipt Intimation as mentioned below:

Menu: Regulatory Forms —> Medical Cyclotron Facility —> Equipment Receipt Intimation



The following screen will appear;

uipment Details				
				All fields marked by * are mand
Equipment Details				
Procurement Approval No*				
Equipment Local Supplier*				
Equipment Model*				
Equipment Make				
Serial Number				
Date of Receipt*				
Attachment Details			All stars allowed for each of	
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Fill up the page as mentioned below and submit;

Tab: Equipment Details

- **Procurement Approval No:** Choose appropriate **Procurement Approval No** from the list intended for the received medical cyclotron.
- **Equipment Local Supplier:** Choose appropriate **Supplier** of the equipment from the list.
- Equipment Model: Choose appropriate Model of the Cyclotron from the list.
- Equipment Make: Will be automatically populated based on previous selection.
- Serial No: Enter serial no of the equipment.
- Date of Receipt: Enter date of receipt of the cyclotron.

Requisite **Attachments** like Technical Specification, User Manual of the Cyclotron and any conformity certificate from National or International bodies should be attached with proper naming.

4. Source Receipt Intimation:

Similarly, after due approval of procurement of check source obtained from the regulatory body via the aforementioned procedure and further receipt of the same, you are required to submit the Source Receipt Intimation as mentioned below:

Menu: Regulatory Forms ---> Medical Cyclotron Facility ---> Source Receipt Intimation

					Home	Switch Profile	View Profile Vie
AERD ARE DULATION	Gov At <i>e-L</i>	vernment of India omic Energy <i>icensing of Radi</i>	Regula t	t ory Board ications (eLORA) System	1	सन्यमेव जयते	Login: TEST INS1 Institute: TEST INS1 Role: Employer, I Profile: Medical Cy Medical Cy
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Change Password				Application forms downloads			Search:
Instrument Management		Date and Time 🔶		Application to AERB for Obtaining Consents		Message to User	
My Applications		12/05/2016 05-20 DM	Vour Application	Equipment Receipt Intimation			
My Casefiles	Con	nmon Forms	Þ	Source Receipt Intimation			C 20161 D - C - 'M - T
My Drafts	Inci	dent Reporting	Þ	Permission To Operate		ce no [IVIH-21818-IV	C-5910J.Refer Iviy Institu
My Institute Details	Med	lical Cyclotron Facility	Þ	Decommissioning of Radiation Equipment			
Regulatory Forms	Trar	nsport	Þ	1 Intimation of Decommissioning	1	st your institute is pend	ting for closure. The final d
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View Inspection Documents		18/11/2015 02:45 AM	Non Compliance need to be taken t	with reference no [MH-21818-NC-3917] r. to avoid regulatory actions.	aised agian	st your institute is pend	ling for closure. The final d
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The following screen will appear;

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Source Details				
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Fill up the page as mentioned below and submit;

Tab: Source Details

- **Procurement Approval No:** Choose appropriate **Procurement Approval No** from the list.
- **Source Supplier:** Choose **Supplier** of the source from the list.
- **Source Model:** Choose **Model** of the Source from the list.
- **Source Make/ Radioisotope:** Will be automatically populated based on previous selection.
- Activity: Enter activity of the source in specific unit.
- **Serial No:** Enter serial no of the source.
- Date of Quoted Activity: Enter quoted date of the activity entered previously.
- Date of Receipt: Enter date of receipt of the Source.

Requisite **Attachments**, if any, should be attached with proper naming.

5. Permission to Operate

After successful **Trial Run** of the installed Medical Cyclotron Facility, the user requires License for daily operation of the equipment. The application may be done by following the path below;

Menu: Regulatory Forms ---> Medical Cyclotron Facility ---> Permission to Operate



The following screen will appear;

	All fields marked by * are mandatu
For the set of the	
Type Of Application*	
	Please select
Equipment Identification No-	
Equipment Make	
Equipment Model	
Equipment Sr.No.	
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Fill up the page as mentioned below and submit;

Tab: Equipment Details

- **Type of Application:** Select **New**, if you are applying for License for the first time. Select **Renewal**, if you want to renew your already approved License.
- **Approval No:** Applicable for **Renewal** only. Select Approval No of the License from the list for which you require renewal.
- Equipment Identification No: Choose appropriate Medical Cyclotron. The list will populate the Medical Cyclotron for which you have received Equipment Receipt Intimation approval. For Renewal, the field will be auto populated.
- Equipment Make: Will be automatically populated based on previous selection.
- Equipment Model: Will be automatically populated based on previous selection.
- Equipment Serial No: Will be automatically populated based on previous selection.

Requisite **Attachments**, if any, should be attached with proper naming. For **New** License, mandatorily attach **Final Safety Analysis Report (FSAR)** as per the specified format.

6. Decommissioning of Radiation Equipment

After useful life of the equipment, the facility may opt for decommissioning the equipment for which permission has to be sought from AERB. The Application for the same may be submitted by following the path as follows;

			Home Switch Profile	View Profile View All Messages Help Logout	
	Government of India Atomic Energy e-Licensing of Radi	r 7 Regulatory Board iation Applications (eLORA) Systen	त स्वयंगव जयने	Login: TEST INSTITUTE (T1291) Institute: TEST INSTITUTE TEST (MH-21818) Role: Employer, Licensee Profile: Medical Cyclotron FacilityRadiation Facility - Medical Cyclotron	
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Instrument Management	Date and Time 🔶	Application to AERB for Obtaining Consents	Message to User	\$	
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My Drafts	Incident Reporting	Permission To Operate	ICE IIO [1911-21010-14	C-5910j.Refer wy insulate Details for further information.	
My Institute Details	Medical Cyclotron Facility	Decommissioning of Radiation Equipment			
Regulatory Forms	Transport	Intimation of Decommissioning	nst your institute is pend	ting for closure. The final date of closure is 2015-12-04. Immediate action	
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Screen shown below will follow;

ARPF APPLICATION FOR DECOMMISSIONING OF RADIATION EQUIPMENT			
General Details Attachments			
			All fields marked by * are mandatory
Equipment Type*	Please Select	•	
Equipment Identification No.*			
Reason for Decommissioning of Equipment*		.d	
Radiation Equipments/accessories found free of any radiation contamination*	©Yes ◎No ◎NA		
Agency, who will carry out the decommissioning ${f \widehat{v}}$			
Any other additional information			
	Submit Reset	Close	

ARPF APPLICATION FOR DECOMMISSIONING OF RADIATION EQUIPMENT				
General Details Attachments				
				All fields marked by * are mandatory
We recommend you to complete the Form first and then proceed for the u	pload for your attachments. The	maximum file size	allowed for each file uplo	ad is 2 MB and allowed file types
are:.doc,.docx,.xls,.xlsx,.odt,.jpeg,.jpg,.png,.zip,.pdf.Alternatively,you might zip it and upload it Report on contamination check around the radiation equipment	t. Software for compressing files can be	downloaded for free from	n http://www.7-zip.org/downlo	ad.html
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	Submit Devet Class			
	Submit Reset Close			

Fill up the page as mentioned below and submit;

Tab: General Details

- Equipment Type: Select Medical Cyclotron.
- Equipment Identification No: Choose appropriate Medical Cyclotron. The list will populate the Medical Cyclotron for which you have received Equipment Receipt Intimation approval.
- **Reason for Decommissioning of Equipment:** Text Field. Write the reason for decommissioning.
- Radiation Equipments/accessories found free of any radiation contamination: Select between Yes, No and NA.
- Agency, who will carry out the decommissioning: Provide Name, Address, City & State of the agency involved in decommissioning.
- Any other additional information: Provide any information you want to share with AERB for the application.

Tab: Attachments

- Attach Report on Contamination check around the equipment.
- Attach Consent letter from the agency involved in decommissioning in **Any other** attachment.

7. Intimation of Decommissioning

Intimation of Decommissioning of the Equipment can be submitted by following the path as follows;

Menu: Regulatory Forms \longrightarrow Medical Cyclotron Facility \longrightarrow Intimation of Decommissioning

					Home	Switch Profile	View Profile View All Messages Help Logout
A CHARGE CALL OF THE CALL OF T	Gove Ato <i>e-Li</i>	ernment of India omic Energy censing of Radi	Regula t	tory Board ications (eLORA) System	1	स्वमेव जयते	Login: TEST INSTITUTE (TI291) Institute: TEST INSTITUTE TEST (MH-21818) Role: Employer, Licensee Profile: Medical Cyclotron FacilityRadiation Facility - Medical Cyclotron
				My Inbox			
Change Password				Application forms downloads			Search
Instrument Management		Date and Time		Application to AERB for Obtaining Consents		Message to User	\$
My Applications		12/05/2016 05:20 DM	Voue Application	Equipment Receipt Intimation			
My Casefiles	Comn	non Forms		Source Receipt Intimation		nce no IMH-21818-N	C-39161 Refer 'My Institute Details' for further information
My Drafts	Incide	ent Reporting		Permission To Operate			o syroj.teter my instate petabo for tabler infination.
My Institute Details	Medic	al Cyclotron Facility		Decommissioning of Radiation Equipment		st vour institute is nend	ting for closure The final date of closure is 2015-12-04 Immediate action
Regulatory Forms	Trans	port		Intimation of Decommissioning		ist your mouture is pene	and for closure. The link date of closure is 2015-12 of miniedate deaon
User management		18/11/2015 02:45 AM	Non Compliance need to be taken t	with reference no [MH-21818-NC-3917] r to avoid regulatory actions.	aised agiar	nst your institute is pend	ting for closure. The final date of closure is 2015-12-04. Immediate action

Following screens will follow;

ARPF INTIMATION FOR DECOMMISSIONING OF RADIATION EQUIPMENT		
General Details Attachments		
		All fields marked by * are mandatory
Equipment Type*	Please Select	1
Decommissioning Approval No.*		<i>[</i>]
Equipment Identification No.		
Equipment Serial No.		
Make		
Model		
Date of Decommissioning*	1	Ín de la companya de

Ceneral Details Attachments All fields marked by * are mandator We recommend you to complete the form first and then proved for the ushad for your attachments. The maximum fields a should for such fields and head is 2 MB and allowed file types Receipt of docs,	ARPE INTIMATION FOR DECOMMISSIONING OF RADIATION EQUIPMENT		
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Are doc, doc, vis, vis, oct, peg, pg, ng, ot, and view adverted to an update by a upd	We recommend you to complete the Form first and then proceed for the upload for your at	tachments. The maximum file si	size allowed for each file upload is 2 MB and allowed file types
Any Other Attachment Row Roo File selected. Clear	are:.doc,.docx,.xls,.xlsx,.odt,.jpeg,.jpg,.pg,.pg,.pdf.Alternatively,you might zip it and upload it. Software for compr Receipt of Device containing prescribed material (Depleted Uranium) by Authorized Agency	essing files can be downloaded for free Browse No file selected	e from http://www.7-zip.org/download.html
I hereby certify that the particulars provided in this application are true and correct to the best of my knowledge and belief. I understand that if at any stage it is found that the information provided by me is false or not authentic, appropriate regulatory action may be initiated against me and my institution.	Any Other Attachment	Browse No file selected.	Clear
I hereby certify that the particulars provided in this application are true and correct to the best of my knowledge and belief. I understand that if at any stage it is found that the information provided by me is failse or not authentic, appropriate regulatory action may be initiated against me and my institution.			
me is false or not authentic, appropriate regulatory action may be initiated against me and my institution.	I hereby certify that the particulars provided in this application are true and correct to the best of	my knowledge and belief. I unders	stand that if at any stage it is found that the information provided by
	me is false or not authentic, appropriate regulatory a	action may be initiated against me	and my institution.
Submit Reset Close	Submit Re	set Close	

Fill up the page as mentioned below and submit;

Tab: General Details

- Equipment Type: Select Medical Cyclotron.
- **Decommissioning Approval No:** Choose appropriate Approval No from the list.
- Equipment Identification No: Will be automatically populated based on previous selection.
- Equipment Serial No: Will be automatically populated based on previous selection.
- Make: Will be automatically populated based on previous selection.
- **Model:** Will be automatically populated based on previous selection.
- Date of Decommissioning: Provide the date of completion of decommissioning.

Tab: Attachments

• Attach Decommissioning Report including Radiation Survey and Contamination check of the facility in **Any other attachment.**

8. Brief Description of the Regulatory Forms

Sr. No.	Stage / Application	Description	
1.	Application for Site Approval	Applicable when applying for new	
		facility	
2.	Application for Layout Approval	Not Applicable	
3.	Application for Design and	Applicable when applying for new	
	Construction Approval	facility after Site Approval	

4.	Application for Equipment	Applicable for Procurement of
	Procurement	Medical Cyclotron
5.	Permission for Trial Run Operation	Applicable after approval of
		Equipment Receipt Intimation and
		installation
6.	Modification in Design of Medical	Applicable when there is a proposed
	Cyclotron Facility	change in design of the facility
7.	Resumption of Routine Operation	Applicable after the design
		modification approval.
8.	Procurement of Check Source	Applicable when the check source will
		be procured

9. Common Forms

- 1. Nominate RSO
- 2. Non-utilization of Approval
- 3. Employer change initiation
- 4. NC Response Screen
- 5. Safety Status Report
- 6. Feedback on Grant of Consent
- 7. Feedback on Regulatory Inspection
- 8. Enforcement Response Screen
- 9. Exposure Investigation Report
- 10. Update Operational Status
- 11. Security Plan

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