PNRA-RG-908.03 August, 2023



PREPARATION OF LICENSE AND AUTHORIZATION APPLICATIONS FOR RADIATION FACILITIES AND ACTIVITIES

REGULATORY GUIDE

PAKISTAN NUCLEAR REGULATORY AUTHORITY

For Further Details

Directorate of Regulatory Framework

PAKISTAN NUCLEAR REGULATORY AUTHORITY P.O. Box 1912, Islamabad

www.pnra.org

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1. INTRODUCTION

Pakistan Nuclear Regulatory Authority (PNRA) has been entrusted by the Government to control, regulate and supervise all matters related to radiation protection in Pakistan. This includes, regulating the use of ionizing radiation in order to protect radiation workers, the general public and the environment from harmful effects of ionizing radiation.

Any person intends to establish a radiation facility or to carry out any activity involving radiation sources shall apply to PNRA for licensing of his facility. In order to obtain a license for a radiation facility or activity, the applicant is required to submit duly filled-in Application Form along with applicable documents as required under Regulations 7 and 8 of Regulations-PAK/908. Further, Regulation 14 of PAK/908 requires the licensee to submit an Application Form along with necessary submissions to obtain specific authorization other than license such as import or export of radiation sources, local purchase of radiation sources etc.

This Regulatory Guide (RG) provides guidance to the applicant or licensee in the preparation of application for obtaining a license or an authorization for radiation facilities and activities. The applicant should complete the requisite Application Form attaches in Annexures as specified below:

- a. Annexure I: Application Forms for Issuance of License
- b. Annexure II: Application Forms for Renewal of License
- c. Annexure III: Application Forms for obtaining Specific Authorization

The Application Forms are available at https://www.pnra.org/license forms.html.

2. OBJECTIVE

The objective of this RG is to facilitate the applicants and licensees in the preparation of an Application for obtaining a license or a specific authorization as per PNRA Regulations - PAK/908. This RG also describes the information to be included and documents that should be attached with the Application Form.

3. SCOPE

The RG covers preparation of license and authorization applications for the following types of facilities and activities:

- a. Medical facilities (radiotherapy centre, nuclear medicine or cardiology centre, diagnostic radiology etc.)
- b. Industrial facilities (irradiators, scanners, gauges, industrial radiography, well logging etc.)
- c. Manufacturers of radiation sources

- d. Importers, exporters, traders of radiation sources
- e. Teaching and research institutes
- f. Others (radioimmunoassay (RIA) Labs, X-ray diffraction (XRD), X-ray fluorescence (XRF), gas chromatography, explosive detectors etc.)
- g. Any activity involving radiation source (e.g., transit or transport of radiation source, transfer of radiation source, health screening and biomedical research etc.)

4. HOW TO FILE AN APPLICATION

The applicant or licensee should follow the following instructions while applying for license or authorization:

- i. While preparing an Application, consult the latest version of regulations and regulatory guides available on PNRA website **www.pnra.org**;
- ii. Complete all items mentioned in the respective application form and use additional sheets if necessary;
- iii. For each additional sheet that is submitted with the application, identify and refer it to the item number on the Application or the topic to which it refers;
- iv. Ensure that all applicable documents are attached with the application;
- v. Submit signed and stamped application form in original; and
- vi. Retain one copy of the application for future reference.

5. WHERE TO FILE AN APPLICATION

Applicants should file their applications to respective Regional Directorates of PNRA. However, diagnostic X-ray facility may file their applications to the respective inspectorate as well. The licensing applications for manufacturing of radiation generators should be submitted to Directorate of Radiation Safety (RSD).

6. JURISDICTION OF PNRA REGIONAL DIRECTORATES AND INSPECTORATES

PNRA has established three (03) Regional Directorates and five (05) Regional Inspectorates to regulate the radiation facilities or activities in the country. The jurisdictions of Regional Directorates and Inspectorates along with their mailing

Name and Mailing Address of Regional Directorate/Inspectorate	Province	Jurisdictions (Division)
Regional Nuclear Safety Directorate-I (RNSD-I)	Islamabad,	Islamabad Capital Territory
Mailing Address:	Punjab,	,

Director RNSD-I, PNRA H-11/4 office, Islamabad. Contact No:051-9257830	Khyber- Pakhtunkhwa, & Azad Jammu and Kashmir	 Rawalpindi Gujrat Gujranwala Lahore Hazara Peshawar Mardan Malakand Kohat Gilgit Baltistan Diamer Muzaffarabad Poonch Mirpur
Regional Nuclear Safety Inspectorate (RNSI), Peshawar Mailing Address: Head (RNSI-IA) House No. 124, Street No. 9, Phase-2, Sector H3, Hayyatabad, Peshawar. Contact No:091-9330317	Khyber- Pakhtunkhwa	 Peshawar Mardan Malakand Kohat Including merged districts (Bajaur, Mohmand, Khyber, Orakzai, and Kurram) [For diagnostic radiology only]

Mailing Address: Head (RNSI-IB), HRDC Complex, Near Regional Board Center, Jutial, Gilgit. Contact No:05811-930083 Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Directorate-II (RNSD-II) Mailing Address: Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No:0459-924294	Regional Nuclear Safety Inspectorate (RNSI), Gilgit-	Gilgit-Baltistan	1. 2.	Gilgit Baltistan
Complex, Near Regional Board Center, Jutial, Gilgit. Contact No:05811-930083 Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K Contact No: 0582-2943904 Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K Contact No: 0582-2943904 Regional Nuclear Safety Directorate-II (RNSD-II) Mailing Address: Khyber- Pakhtunkhwa Site, Kundian, District Mianwali. Contact No:0459-924294	Baltistan Mailing Address:			
Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K Contact No: 0582-2943904 Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Directorate-II (RNSD-II) Mailing Address: Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No: 0459-924294 Gilgit-Baltistan 1. Gilgit 2. Baltistan 3. Diamer 1. Muzaffarabad 2. Poonch 3. Mirpur 4. [For diagnostic radiology only] 4. [For diagnostic radiology only] 5. Faislabad 7. Faislabad 8. Khyber- Pakhtunkhwa 9. D.I. Khan 9. Multan 9. D.I. Khan 9. Multan 9. D.G. Khan	Complex, Near Regional			
Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Directorate-II (RNSD-II) Mailing Address: Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No: 0459-924294 2. Baltistan 3. Diamer 1. Muzaffarabad 2. Poonch 3. Mirpur 4. [For diagnostic radiology only] 1. Sargodha 2. Faislabad 3. Bannu 4. D.I. Khan 5. Multan 6. D.G. Khan	Contact No:05811-930083			
Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Directorate-II (RNSD-II) Mailing Address: Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No: 0459-924294 3. Diamer Muzaffarabad, AJ&K 2. Poonch 3. Mirpur 4. [For diagnostic radiology only] 1. Sargodha 2. Faislabad 3. Bannu 4. D.I. Khan 5. Multan 6. D.G. Khan	_ ·	Gilgit-Baltistan		
01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Directorate-II (RNSD-II) Mailing Address: Khyber- Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No: 0459-924294 Muzaffarabad, AJ&K. 1. Muzaffarabad 2. Poonch 4. [For diagnostic radiology only] 1. Sargodha 2. Faislabad 3. Bannu 4. D.I. Khan 5. Multan 6. D.G. Khan	Mailing Address:			
Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Directorate-II (RNSD-II) Mailing Address: Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No:0459-924294 Muzaffarabad, AJ&K 2. Poonch 3. Mirpur 4. [For diagnostic radiology only] Punjab & 2. Faislabad 3. Bannu 4. D.I. Khan 5. Multan 6. D.G. Khan	01, 2nd Floor, Kutchery Plaza,			
Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Directorate-II (RNSD-II) Mailing Address: Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No:0459-924294 AJ&K 2. Poonch 3. Mirpur 4. [For diagnostic radiology only] Punjab 2. Faislabad 3. Bannu 4. D.I. Khan 5. Multan 6. D.G. Khan	Contact No: 0582-2943904			
Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Directorate-II (RNSD-II) Mailing Address: Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No:0459-924294 3. Mirpur 4. [For diagnostic radiology only] Punjab 2. Faislabad 3. Bannu 4. D.I. Khan 5. Multan 6. D.G. Khan		·		
Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904 Regional Nuclear Safety Directorate-II (RNSD-II) Mailing Address: Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No:0459-924294 4. [For diagnostic radiology only] 4. [For diagnostic radiology only] 2. Faislabad 3. Bannu 4. D.I. Khan 5. Multan 6. D.G. Khan	Mailing Address:			
Regional Nuclear Safety Directorate-II (RNSD-II) & 2. Faislabad Mailing Address: Khyber- Pakhtunkhwa Site, Kundian, District Mianwali. Contact No:0459-924294 Punjab 1. Sargodha 2. Faislabad 3. Bannu 4. D.I. Khan 5. Multan 6. D.G. Khan	01, 2nd Floor, Kutchery Plaza,			[For diagnostic
Directorate-II (RNSD-II) Mailing Address: Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No:0459-924294 2. Faislabad 3. Bannu 4. D.I. Khan 5. Multan 6. D.G. Khan	Contact No: 0582-2943904			
Mailing Address: Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No:0459-924294 Khyber- Pakhtunkhwa 4. D.I. Khan 5. Multan 6. D.G. Khan		Punjab		-
Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No:0459-924294 Khyber- Pakhtunkhwa 4. D.I. Khan 5. Multan 6. D.G. Khan	Mailing Address:			
Site, Kundian, District Mianwali. Contact No:0459-924294 5. Multan 6. D.G. Khan	Director RNSD-II, Chashma	•		
Contact No:0459-924294	1			
			6.	D.G. Khan
7. Sahiwal			7.	Sahiwal

		8.	Bahawalpur
		9.	Including merged districts (North Waziristan and South Waziristan)
Regional Nuclear Safety	Punjab	1.	Multan
Inspectorate (RNSI), Multan		2.	D.G. Khan
Mailing Address:		3.	Sahiwal
Head (RNSI-IIA), House		4.	Bahawalpur
No. 93, Western Fort Colony, Qasim Bella, Multan.		5.	[For diagnostic radiology only]
Contact No:061-6350569			
Regional Nuclear Safety Directorate-III (RNSD-III)	Sindh	1.	Karachi
		2.	Hyderabad
Mailing Address:		3.	Sukkur
Director RNSD-III, 42 C, 24th Commercial Street, Phase II		4.	Larkana
Ext, DHA Karachi.		5.	Mirpur Khas
Contact No:021-99266282		6.	Shaheed Benazirabad
		7.	Banbhore
		8.	Quetta
		9.	Sibi
		10.	Zhob
		11.	Naseerabad
		12.	Makran
		13.	Kalat

Regional Nuclear Safety Inspectorate (RNSI), Quetta Mailing Address: Head (RNSI-IIIA), House No.514/A-17, Street No. II, Madrasa Road, Quetta Cantt. Contact No:081-2832360	Balochistan	 Quetta Sibi Zhob Naseerabad Makran Kalat [For diagnostic radiology only] 	
Directorate of Radiation Safety (RSD) Mailing Address: Director RSD, PNRA Headquarter, Mauve Area, G-8/1, Islamabad. Contact No: 051-9262984	The whole country	The whole country	

addresses are given below:

7. GENERAL CONTENTS OF LICENSE APPLICATION FORMS

The generic contents of license application forms (Annexures I-II) are explained in subsequent sections and same should be filled-in appropriately.

7.1 Applicant/Owner of the Radiation Facility

The particulars of the applicant and owner should be provided in this section. This includes applicant's name, Computerized National Identity Card (CNIC) number, designation, contact number, fax number, email address and mailing address to which correspondence should be directed.

The applicant may be a person (individual or an organization) who applies for a license/authorization as the owner or responsible individual of the facility. In case of institutions/organization, the individual who has the overall authority and responsibility for the safety and security of radiation facility may apply by providing his name and designation.

7.2 Status of Licensing or Registration with PNRA

The applicant should provide the previous history of licensing or registration with PNRA such as name of PNRA Directorates/Inspectorates (where applied for registration or licensing), date of application and brief description of decision of the Authority regarding the application.

7.3 License Information

If the applicant is already licensed with PNRA, then he should provide the license number along with licensing status i.e., valid or expired, suspended or cancelled.

7.4 Purpose of Licensing

The applicant should provide the purpose for which license is required. License may be obtained for different purposes such as diagnostic radiology, radiotherapy, nuclear medicine level measurement, industrial radiography, manufacturing of radiation sources, research and teaching etc.

7.5 Details of Radiation Facility

The applicant should mention the name of radiation facility along with complete mailing address. The details of address should be sufficient to allow Authority to find the location of radiation facility for inspection and other activities. A post office box address is acceptable only for correspondence purpose. The applicant should also provide status of the premises of radiation facility i.e., owned or on lease/rent and attach copy of ownership/lease documents along with the application.

7.6 Radiation Sources and Associated Equipment

The applicant should specify the following details:

- i. For Sealed Radioactive Source (SRS): Radionuclide to be used, source identification number, name of manufacturer, activity with reference date, category of source, physical form and country of origin;
- ii. For Unsealed Radioactive Source (USRS): Radionuclide to be used, pharmaceutical to be labelled, activity to be purchased per month and purpose of radionuclide;
- iii. For Radiation Generators: The apparatus type, serial/identification number of X-ray tube, model number, manufacturer, maximum voltage and current of radiation generator, supplier's name and mention whether the radiation generator is imported or locally purchased and whether the radiation generator was "Used" or "New" when acquired;
- iv. Devices Containing Radioactive Material: Type of device, serial/identification number, model number, manufacturer, shielding material

- and country of origin; and
- v. For Associated Equipment (PET-CT, Gamma Camera, Dose calibrator, Multichannel Analyzer etc.): The apparatus type, serial/identification number, model number, manufacturer, country of origin and calibration status where required.

7.7 Particulars of Professionals/Radiation Workers

The applicant should provide the list of professionals/radiation workers as per Schedule II of PAK/904. The list should include name, designation, CNIC No., age, qualification and experience/training. Copy of CNIC along with qualification and experience/training certificates of all professionals/radiation workers should be submitted along with application.

7.8 Personal Protective Equipment

The applicant should provide the type and quantity of available Personal Protective Equipment (PPE) used for worker's protection from ionizing radiation such as lead aprons, lead blocks, mobile lead shields, etc.

7.9 Personal Dose and Radiation Monitoring Equipment

Personal dose monitoring equipment measure radiation doses of an individual from X-rays, gamma rays, neutron and beta particles. Individuals who are occupationally exposed are required to wear personal dose monitoring equipment such as direct reading pocket dosimeters or monitoring badges such as Thermo-Luminescent Dosimeters (TLD), Film badge dosimeter or Optically Stimulated Luminescence dosimeters (OSL).

The applicant should provide the type of personal dose monitoring device (e.g., Film badge, TLD, etc.), dosimetry service provider name and frequency of dosimeter exchange for dose assessment. The frequency of dosimeter exchange may be monthly, bi-monthly or quarterly based on associated radiation risk or as specified by the service providers.

The applicant should also specify the type of radiation monitoring equipment (e.g., survey meter, contamination monitors) used for monitoring of the radiation at workplace. The details of equipment should include Sr./ID. No., model number, manufacturer, radiation detected, energy & dose range, purpose of monitoring and date of calibration.

7.10 Licensing Fee

The applicant should submit the licensing fee as per Schedule I of "Regulations on Licensing Fee by Pakistan Nuclear Regulatory Authority - (PAK/900)". License

fee may be submitted either via Askari Bank Challan Form or through Pay Order/Bank Draft in favour of "Director Finance PNRA, Islamabad". The challan form could be obtained from the respective Regional Directorate or from PNRA website after providing the required details at https://www.pnra.org/bankChalanActivityType.asp. The applicant should provide the details i.e., pay order/bank draft No. amount, date and name of the bank in the Application Form.

7.11 Affirmation

The Application Form should be signed, stamped and dated by both the applicant and owner of the facility. Otherwise, a letter from owner should be provided affirming the signing authority of the representative who signed the application on his behalf. By signing the application, the applicant and owner affirm that all information provided in the application is correct and he will abide by PNRA ordinance, regulations, regulatory orders, license conditions and directives. Incomplete applications without signed/stamped will not be processed and to proceed further the applicant will submit a new signed application to PNRA.

7.12 Documents to be Submitted

The applicant should submit the licensing documents as per Schedule I of PNRA Regulations - PAK/908 and other necessary documents mentioned in the Application Forms.

8. LICENSE APPLICATION FORMS FOR MEDICAL AND INDUSTRIAL FACILITIES USING RADIOACTIVE MATERIAL/SOURCES

Radiation facilities that are not required to submit the detailed programs/plans as per Schedule I of PNRA Regulations - PAK/908. The licensees/applicants of such facilities should briefly provide the following specified contents in the Application Forms:

8.1 Storage and Transport of Radioactive Material/Sources

The applicant should provide brief details of all arrangements and administrative provisions for safe and secure storage and transport of radioactive material/sources as per PNRA regulations "Regulations on Security of Radioactive Sources - (PAK/926)" and "Regulations for the Safe Transport of Radioactive Material - PAK/916" respectively.

8.2 Management of Disused Sealed Radioactive Sources/Radioactive Waste

The applicant should describe arrangements for the management of disused

sealed sources (DSRS) /radioactive waste. DSRS should be disposed of at designated radioactive waste management facilities PINSTECH, Islamabad or KANUPP, Karachi or returned back to supplier. However, sealed radioactive sources with half-life> 1 year and with initial activity of 100 GBq or more should not be purchased without an undertaking from the manufacturer or supplier to accept the return of the sources.

9. CONTENTS OF LICENSE RENEWAL APPLICATION FORMS

The licensee should address all applicable information of section 7 of this RG along with the following additional information in license renewal Application Form.

9.1 Change in Location of Radiation Equipment and Facility

The licensee should submit the required details in any of the following cases:

- (a) Change in location of radiation equipment within premises: The layout of the exposure room should be provided; and
- (b) Change in location of the facility: The new address of the facility i.e., street No., mohalla/chak, near main road, town, city, tehsil and district etc. should be provided.

9.2 Addition/Removal of Radiation Source (Radioactive Material/ Radiation Generator)

In case of addition/removal of radiation source, the licensee should submit the details of radiation sources that are added or removed from the facility during the previous licensing period along with particulars of traders/dealers (in case of addition) and end-user (in case of removal).

Furthermore, if there is any change in practices or categorization of sources due to addition/removal of radiation sources, revised documents (i.e., Safety Analysis Report, Radiation Protection Program etc.) should also be submitted.

9.3 Change in Particulars of Radiation Workers

The licensee should submit the particulars of those radiation workers along with date of joining/leaving who are newly appointed at the radiation facility or have left the job during the previous licensing period. The copies of CNIC and qualification/experience certificates of newly appointed radiation workers should be submitted.

9.4 Status of Inspection Findings and Corrective Actions

The licensee should provide the status of corrective actions against inspection findings as per inspection report issued by PNRA.

9.5 Details of Radiation Incident/Accident and Security Event

In case of radiation incident/accident and security events (such as loss, theft, sabotage of radiation source etc.) occurred during the previous licensing period, the licensee should provide reference of that radiation incident/accident or security event.

10. CONTENTS OF APPLICATION FORMS FOR AUTHORIZATION

The licensee should not carry out any of the activities as mentioned in Regulation 14 of PAK/908 unless specific authorization is obtained from PNRA. These authorizations are only granted to those radiation facilities which are already registered/licensed. All those activities which need authorization are described as follows:

10.1 Import of Radiation Generator

As per Regulation 14(1)(c) of PAK/908, a specific authorization is required for the import of radiation generators. The authorization is granted in the form of No Objection Certificate (NOC). Without a valid NOC from PNRA, the Customs Authorities will not clear the shipment. The licensee should apply for NOC preferably fifteen (15) days before the arrival of shipment and submit the following information and documents to PNRA:

- i. Duly filled Application Form (1-C) attached as Annexure III;
- ii. Bill of lading/Airway bill;
- iii. Commercial invoice;
- iv. Packing list;
- v. Technical specification sheet of radiation generator;
- vi. Sale/stock report of radiation equipment for importers;
- vii. Fitness certificate in case of used/refurbished radiation generator; and
- viii. Pay Order/Bank Draft/Copy of Bank Challan.

10.2 Import of Radioactive Sources/Material/ Container/ Devices Containing Radioactive Material

As per Regulation 14(1)(c) of PAK/908, NOC is required for the import of radioactive sources/material/container. The licensee should apply for NOC preferably fifteen (15) days before the arrival of shipment and submit the following information and documents to PNRA:

- i. Duly filled Application Form (2-C) attached as Annexure III;
- ii. Bill of lading/Airway bill;
- iii. Packing list;

- iv. Commercial invoice;
- v. Manufacturer's source certificate;
- vi. Special form certificate of sealed radioactive source;
- vii. Shipper's declaration of dangerous goods;
- viii. Package design certificate (where so required);
- ix. Undertaking from manufacturer or supplier to accept the return of the radioactive source after consuming useful life (in case of half-life greater than 1 year and activity 100GBq or more);
- x. Copy of issued permit (where so required); and
- xi. Pay Order/Bank Draft/Copy of Bank Challan.

10.3 Local Purchase of Radioactive Source/Material/Radiation Generator

As per Regulation 14(1)(d) of PAK/908, NOC is required for the local purchase of radioactive material/radiation generator. The licensee should apply for the NOC for local purchase of radioactive source/material/radiation generator to PNRA preferably fifteen (15) days before the expiry of already issued NOC (if applicable) along with the following information and documents:

- i. Duly filled Application Form (3-C) attached as Annexure III;
- ii. Manufacturer source certificate (for sealed/unsealed radioactive sources);
- iii. Special form certificate (for sealed radioactive sources);
- iv. Package design certificate (for sealed/unsealed radioactive sources);
- v. Technical specification sheet of radiation generator;
- vi. Fitness certificate in case of used/refurbished radiation generator; and
- vii. Pay Order/Bank Draft/Copy of Bank Challan.

10.4 Export of Radiation Generator

As per Regulation 14(1)(c) of PAK/908, NOC is required for the export of radiation generators. The licensee should apply for NOC preferably fifteen (15) days before the tentative export plan and submit the following information and documents to PNRA:

- i. Duly filled Application Form (4-C) attached as Annexure III; and
- ii. Pay Order/Bank Draft/Copy of Bank Challan.

10.5 Export of Radioactive Source(s)/ Material/Container/Devices Containing Radioactive Material

As per Regulation 14(1)(c) of PAK/908, NOC is required for the export of

radioactive sources/material/container. The licensee should apply for NOC preferably fifteen (15) days before the tentative export plan and submit the following information and documents to PNRA:

- i. Duly filled Application Form (5-C) attached as Annexure III;
- ii. Manufacturer's source certificate (only for SRS);
- iii. Special form certificate of sealed radioactive source;
- iv. Shipper's declaration of dangerous goods;
- v. Package design certificate;
- vi. Shipping documents;
- vii. Authorization/NOC issued by destination country (up to category-3 sealed radioactive source); and
- viii. Pay Order/Bank Draft/Copy of Bank Challan.

10.6 Reuse of Disused Sealed Radioactive Source

Disused Sealed Radioactive Source (DSRS) is defined as a radioactive source that is no longer used, and is not intended to be used, for the practice for which an authorization has been granted. However, DSRS can be reused for other purposes.

In order to reuse the DSRS, specific authorization should be obtained from PNRA the licensee should submit the following information and documents to PNRA as per Regulation 14(1)(j) of PAK/908:

- i. Duly filled Application Form (6-C) attached as Annexure III; and
- ii. Copy of manufacturer's source certificate of DSRS (if DSRS is not taken from disposal facility).

10.7 Transfer/Sale of Radiation Source

Radiation sources used in different radiation facilities may be transferred from one licensee to the other or may be sold out within the country. For the transfer of radiation sources, both transferor and transferee should possess a valid license of PNRA. If the transferee is not a licensee, then he should obtain license from PNRA prior to acquiring radiation source from transferor.

In order to transfer/sale of radiation source, specific authorization should be obtained from PNRA as per Regulation 14(1)(e) of PAK/908. For obtaining specific authorization, both transferor and transferee are required to submit duly filled Application Form (7-C) attached as Annexure III.

10.8 Transfer of Radioactive Material to Radioactive Waste Management Facility

The radioactive waste is generated during operation and decommissioning

of radiation facilities and should be transferred to designated Radioactive Waste Management Facilities (RWMF). The licensee should not unnecessarily delay the transfer of radioactive waste. Currently, radioactive waste is being stored at two designated RWMFs i.e., PINSTECH Predisposal Radioactive Waste Management Facility (PPRWMF), Islamabad and KANUPP Radioactive Waste Storage Area Karachi (RAWSA).

As per Regulation 14(1)(f) of PAK/908, specific authorization is required for transfer of radioactive material to RWMF. For this purpose, the licensee should submit the following information and documents to PNRA:

- i. Duly filled Application Form (8-C) attached as Annexure III;
- ii. Manufacturer source certificate of DSRS; and
- iii. Package design certificate for sealed radioactive sources (if applicable).

10.9 Decommissioning of Radiation Facility

Decommissioning is the last step in the lifetime management of a radiation facility. As per Regulation 14(1)(g) of PAK/908, specific authorization is required for decommissioning of radiation facility. For this purpose, licensee should submit the following information and documents to PNRA:

- i. Duly filled Application Form (9-C) attached as Annexure III;
- ii. Final Decommissioning Plan; and
- iii. Any other relevant document.

10.10 Clearance of Radioactive Material

Radioactive material containing low radioactivity is not considered harmful to people and the environment. Regulatory control may be removed from radioactive material contained within licensed radiation facilities which meet the clearance criteria as specified in PNRA Regulations on Radiation Protection (PAK/904).

Clearance of radioactive waste and DSRS from further regulatory control requires specific authorization as per Regulation 14(1)(h) of PAK/908. The licensee should submit the following information and documents to PNRA:

- i. Duly filled Application Form (10-C) attached as Annexure III;
- ii. Manufacturer source certificate; and
- iii. Technical supporting documents.

10.11 Health Screening/Biomedical Research

An institute/organization, which is already licensed with PNRA for the diagnosis and treatment of diseases, may start a public health screening program or

biomedical research involving radiation exposure to human subject. Prior to start of any health screening/biomedical research, specific authorization from PNRA is required as per Regulation 14(1)(i) of PAK/908. In order to get specific authorization, the licensee should submit the following information and documents to PNRA:

- i. Duly filled Application Form (11-C) attached as Annexure III;
- ii. Authorization from the relevant Govt. Departments;
- iii. Approval from ethics committee (national or provincial level); and
- iv. Training/experience certificate of medical/health professional.

10.12 Modification at Radiation Facility

Modification may be introduced at a radiation facility due to administrative issues or technological advancements such as the change in specifications of radiation sources, shielding design, facility layout and safety or security functions.

As per Regulation 14(1)(b) of PAK/908, specific authorization is required for modification at a radiation facility and subsequently revised licensing documents as per Regulation 14(1)(a) of PAK/908. For modification at the radiation facility, the licensee should submit the following information and documents to PNRA:

- i. Duly filled Application Form (12-C) attached as Annexure III;
- ii. Updated licensing documents (i.e. Safety Analysis Report (SAR), Radiation Protection Program (RPP), etc.); and
- iii. Any other relevant document.

10.13 Transfer/Amendment/Change in License

The licensee should get authorization from PNRA prior to the followings:

- a. Transfer of license to next of kin;
- b. Change of location of the facility;
- Transfer/sell out of the facility to any other Person on current location;
 and
- d. Change in scope of license or authorization.

For obtaining authorization for transfer/amendment/change in license, the licensee should submit the following information and documents along with applicable license/authorization fee as per PAK/900 to PNRA:

- i. Duly filled Application Form (13-C) attached as Annexure III;
- ii. Pay Order/Bank Draft/Copy of Bank Challan;
- iii. Updated licensing documents (i.e. Safety Analysis Report (SAR), Radiation Protection Program (RPP), etc.); and
- iv. Any other relevant document.

10.14 Surrender of License

As per Regulation 11 of PAK/908, any licensee who does not intend to possess the radiation source or operate his facility on a permanent basis he should surrender the license by submitting three (03) months advance notice to the Authority. The licensee should make necessary arrangements for decommissioning or safe transfer of radioactive source either back to the supplier or to a designated radioactive waste management facility (where so applicable) and radiation generator to other person, with the approval of the Authority within the validity period of the license.

For obtaining authorization for surrender of license, the licensee should submit Application Form (14-C) attached as Annexure III.

10.15 Transit/Transport of Radioactive Material/ Contaminated Items

Any person intending to transit or transport radioactive material and transit contaminated items (in extreme cases) through Pakistan should obtain authorization from PNRA as per Regulation 15 of PAK/908. In order to obtain authorization, the applicant should submit the following information and documents to PNRA:

- i. Duly filled Application Form (15-C) attached as Annexure III;
- ii. Manufacturer's source certificate (if applicable);
- iii. Special form certificate in case of sealed radioactive source;
- iv. Shipper's declaration of dangerous goods;
- v. Package design certificate (if applicable); and
- vi. Pay Order/Bank Draft/Copy of Bank Challan.

10.16 Issuance of Import Permit for Radiation Source

Radiation sources are frequently imported from other countries. In order to place the order for import of radiation source, different countries demand the authorization (import permit) from the regulatory body of importing country. For obtaining import permit for procurement of radiation source, applicant should submit the following information and documents to PNRA:

- i. Duly filled Application Form (16-C) attached as Annexure III; and
- ii. Technical Specification Documents (If applicable).

11. REFERENCES

- [1]. Regulations for the Licensing of Radiation Facility(ies) other than Nuclear Installation(s) (PAK/908) (Rev.1)
- [2]. Regulations on Licensing Fee by Pakistan Nuclear Regulatory Authority (PAK/900) (Rev.3)

- [3]. Regulations on Radiation Protection (PAK/904) (Rev.1)
- [4]. Regulations on Radioactive Waste Management (PAK/915) (Rev.1)
- [5]. Regulations for the Safe Transport of Radioactive Material (PAK/916)
- [6]. Regulations on Security of Radioactive Sources (PAK/926)

12. GLOSSARY

- i. "Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, Government agency, any state or any political subdivision or any political entity within a state, any foreign Government or nation, or other entity and includes any legal successor, representative, agent or agency of any of the aforesaid
- "Accident" means any unintended event, including operating errors, equipment failures or other mishaps, the consequences or potential consequences of which are not negligible from the point of view of protection and safety;
- iii. "Activities" means the production, manufacturing, use, storage, sale, purchase, repair & maintenance, transfer, import and export of radiation sources; transit or transport of radioactive material; decommissioning of facilities; and radioactive waste management such as the discharge of effluents; and some aspects of the remediation of sites affected by residues from past activities;
- iv. "Applicant" means any person or organization applying to a regulatory body for License or authorization (or approval) to undertake specified activities;
- v. "Authority" means the Pakistan Nuclear Regulatory Authority established under section 3 of the Ordinance;
- vi. "Clearance" means the removal of regulatory control by the Authority from radioactive material or radioactive objects within licensed radiation facilities; and
- vii. "Decommissioning" means administrative and technical actions taken to allow the removal of some or all of the regulatory controls from a facility;
- viii. "Exposure" means a state or condition of being subject to irradiation;
- ix. "Incident" means any unintended event, including operating errors, equipment failures, initiating events, accident precursors, near misses or other mishaps, or unauthorized act, malicious or non-malicious, the consequences or potential consequences of which are not negligible from the point of view of protection and safety;
- x. "Inspection" means an examination, observation, measurement or test

- undertaken to assess structure, systems, components and materials as well as operation, processes, procedures and personnel competence;
- xi. "License" means a legal document issued by the Authority granting authorization to perform specified activities relating to a facility or activity;
- xii. "Licensee" means the holder of a valid license issued by the Authority;
- xiii. "Owner" means any person who has ownership of the radiation source/radiation facility;
- xiv. "Radiation facility" means any premises where radiation source (radioactive material or radiation generator) is acquired, produced, manufactured, processed, reprocessed, repaired, used handled, extracted, imported, exported, stored, installed, operated, maintained and converted;
- xv. "Radiation generator" means a device capable of generating ionizing radiation, such as X-rays, neutrons, electrons or other charged particles, that may be used for scientific, industrial or medical purposes;
- xvi. "Sealed source" means radioactive material that is permanently sealed in a capsule or closely bonded and in a solid form;
- xvii. "Source" means anything that may cause radiation exposure, such as by emitting ionizing radiation or by releasing radioactive material, and can be treated as a single entity for protection and safety purposes, it includes all types of radiation generators and radioactive material, and is also called as radiation source;
- xviii. "Unsealed source" means a radioactive source in which the radioactive material is neither permanently sealed in a capsule nor closely bonded and in a solid form:
- xix. "Worker" means any individual who works, whether full time, part time or temporarily, for an employer and who has recognized rights and duties in relation to occupational radiation protection.

Annexure I: Application Forms for Issuance of License

- 1-A: Application form for registration of the premises and licensing for diagnostic radiology
- ii. 2-A: Application form for registration of the premises and licensing for radiotherapy
- iii. 3-A: Application form for registration of the premises and licensing for nuclear medicine/nuclear cardiology
- iv. 4-A: Applicat ion form for registration of the premises and licensing for industrial radiography
- v. 5-A: Application form for registration of the premises and licensing for use of nuclear/x-ray gauge
- vi. 6-A: Application form for registration of the premises and licensing for irradiation
- vii. 7-A: Application form for registration of the premises and licensing for oil well logging
- viii. 8-A: Application form for registration of the premises and licensing for gamma/x-ray scanning
- ix. 9-A: Application form for registration of the premises and licensing for use of radioactive material/radiation equipment in teaching and research
- x. 10-A: Application form for registration of the premises and licensing for import/export/trade of radioactive material/radiation equipment
- xi. 11-A: Application form for registration of the premises and licensing of full-fledged medical centre
- xii. 12-A: Application form for registration of the premises and licensing for manufacturing of radioactive sources/radiation generator
- xiii. 13-A: Application form for registration of the premises and licensing for radioimmunoassay
- xiv. 14-A: Application form for registration of the premises and licensing for non-medical human imaging
- xv. 15-A: Application form for registration of the premises and licensing for use of nuclear/x-ray analyzer/detector



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR DIAGNOSTIC RADIOLOGY

r. Farticulars of the applicant.	
Name	CNIC No.
Designation	
Address:	Contact No.
	Fax No. E-mail
2. If applicant is not the owner then particulars	s of the owner:
Name	CNIC No.
Address:	Contact No.:
	Fax No.: E-mail:
If applicant/owner is foreigner, then particular	
Name	Passport No.
Address:	Contact No.:
	Fax No.:
	E-mail:
4. Have you ever applied for registration and	licensing with PNRA in the past:
Yes No 🗆	
If Yes:	
a) Location of PNRA office where you app	lied for registration and licensing:
Islamabad ☐ Kundian ☐	Karachi Peshawar
Multan 🔲 Quetta	Gilgit-Bailtistan AJ&K
b) Date (dd-mm-yy) you applied for registr	ration and licensing:
c) Final decision of PNRA on your applica	
	uon. Picase describe briefly.
5. If already licensed with PNRA, please prov	ide:
a) License No.:	
b) Status of license: Valid	Suspended
6. Purpose for which license is required:	
7. Details of radiation facility:	
Name of Organization/Hospital/Centre	
Address (including Tehsil, District)	

Page 1 of 3 20

Status of pre	mises	Owned	On le	ease/rent			
8. Specificatio	ns of Ra	diation Ger	nerator:				
Type of Radiation Generator (Dental/CT Scanner etc.)	Sr./ID. No. of X- ray Tube	Model No.	Manufacturer & Date of Manufacturing	Maximum Voltage (kV)	Maximum Current (mA)	Imported/ Locally Purchased along with Name of Supplier	New/ Used
9. <u>Particulars</u>	of Emplo	yed Profes	sionals (Radiolog	ist(s)/Radio	ographer(s)	etc.):	+
Name	Г	Designation	CNIC No.	Age	Qualification	on Experience	e/Training
10. <u>Details</u>	of availa	able Persor	nal Protective Equ	uipment (PP	<u>'E)</u> :		
Lead Apron	. [Lead	d Shield	☐ Th	yroid Collar		
Lead Gogg	les [Lea	d Gloves	☐ Go	nad Shield		
Any other: .							
11. Details of a	available	Radiation	Monitoring Equip	ment (if any	<u>)</u> :		
					/		
40. 4				7			
12. Arrangeme			se monitoring: TLD etc.):				
			er Name:				
			Exchange for Dos				
13. License Fe			zxoriarigo for Boo	7 100000111	OI1C		
a) Licenso	e fee mag e obtaine	y be submit ed from res	ted via Askari Ba pective Regional ChalanActivityTy	Directorate			
			0	R			
PNRA,	Islamal	bad". Pleas	tted via Pay Orde se provide the foll No.:	owing detai	ls:		ance
Am	ount:						
Dat	te:						

Name of the Bank:
I, hereby, affirm that all the particulars given above are correct to the best of my knowledge and belief and I undertake to abide by the provisions of PNRA Ordinance - 2001 Regulations for the Licensing of Radiation Facility (ies) other than Nuclear Installation(s) PAK/908, all other applicable PNRA Regulations, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines of amendments/revisions issued thereto.
Signature of the Owner: Signature of the Applicant:
Dated:
Stamp of Office:
Please check the following documents are attached/submitted:
i. Copy of CNIC of Applicant ii. Copy of CNIC of Owner (if applicant is not the owner) iii. Copy of passport (in case of foreigner applicant/owner) iii. Copy of passport (in case of foreigner applicant/owner) iv. Copy of CNIC(s) of all Radiation Worker(s) v. Copy of Ownership/Lease Documents vi. Plan, Map, Layout of the Facility vii. Shielding Design (if applicable) viii. Experience/Training Certificate(s) of Radiation Worker(s) vix. Pay Order/Bank Draft/Copy of Bank Challan Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.
For details please contact your respective Regional Nuclear Safety Directorate (RNSD) & Regional
Nuclear Safety Inspectorate (RNSI):
 RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org RNSD-II, Chashma Site, Kundian, District Mianwali
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
• RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org
• RNSI-Peshawar, House No. 124, Street No. 9, Phase-2, Sector H3, Hayyatabad, Peshawar Phone No.: 091-9330317 Fax No.: 091-933316 Email: rnsi1a@pnra.org
• RNSI-Gilgit-Baltistan, HRDC Complex, Near Regional Board Center, Jutial, Gilgit-Baltistan Phone No.: 58119-30083 Fax No.: 05811-552844 Email: rnsi1b@pnra.org
• RNSI-AJ&K, Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K Phone No.: 0582-2943904 Fax No.: 0582-2943904 Email: rnsi1c@pnra.org
• RNSI-Multan, House No. 93, Western Fort Colony, Qasim Bella, Multan Phone No.: 061-6350569 Fax No.: 061-6350653 Email: rnsi2a@pnra.org
RNSI-Quetta, House No.514/A-17, Street No. II, Madrasa Road, Quetta Cantt Phone No.: 081-2832360 Fax No.: 081-2830942 Email: rnsi3a@pnra.org



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR RADIOTHERAPY

1.	1. Particulars of the applicant:	
	Name CNIC	No.
	Designation	
	Address:	Contact No
		Fax No. E-mail
2	If applicant is not the owner then particulars of the over the owner than particulars of the owner than particular of the owner tha	
ſ	Name CNIC	
ŀ	Address:	Contact No.
		Fax No.
Į		E-mail
3	3. If applicant/owner is foreigner, then particulars of the	
	Name Passpo	
	Address:	Contact No.: Fax No.:
		E-mail:
4	4. Have you ever applied for registration and licensing	with PNRA in the past
	Yes No	With The Children
	If Yes:	
	a) Location of PNRA office where you applied for re	egistration and licensing:
		rachi
	b) Date (dd-mm-yy) you applied for registration and	
	c) Final decision of PNRA on your application. Plea	se describe briefly:
5	5. If already licensed with PNRA, please provide:	
	a) License No.:	
	b) Status of license: Valid Suspended	d
6	6. Purpose for which license is required:	
7	7. Details of radiation facility:	
I	Name of Organization/Hospital/Centre	
	Address (including Tehsil, District)	

Status of premises	Owne	d Г	7 0	n lease/i	rent [$\overline{}$				
8. Specifications of I	Radioactiv	e Mater								
a) Radioactive M						2)				
						Physical Form				
b) Radiation Ger	nerator (LI	NAC, X	-ray/CT	Simulato	or etc.)					
Apparatus	Sr./ID. No	o. Mo	del No.	Manufa	acturer		mum Voltag			ntry of
Туре						Kaui	ation Appar	alus	Orig	111
		4		Δ						
					\					
Particulars of Physicist(s)/Radia			Profes:		(Radia		Oncologi t(s) etc.):	st(s)/N	1edica	<u>al</u>
Name	Designa	ation C	NIC No).	Age	Qua	alification	Exper	ience	e/Training
10. Details of ava	ailable Per	rsonal P	rotective	e Equipr	nent (PPE	Ξ):				
I1. <u>Arrangements for</u>	safe and	cocuro	ctorago	of radios	activo cou	rco(c)				
1. Attailgements for	Sale allu	Secure :	storage	UI Taulua	active soc	iice(s)				
					,					
										•
2. Management of D	isused Se	ealed Ra	adioactiv	e Sourc	es (DSRS	S)/Rad	lioactive Wa	aste:		
13. Arrangements fo	r personal	l dose m	<u>nonitor</u> in	ı <u>q</u> :						
_				-						
, ,,	a) Type of Dosimeter (Film/TLD etc.):									

Page 2 of 4

,	•		ler Name: Exchange for Do				
14. <u>Radiation</u>	,		Ü				
Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration
15. <u>License Fe</u>	ee Informa	ation:			1		
challa from: b) Licens	n may be https://ww e fee may	obtained ww.pnra.o	itted via Pay Ord	Regional Dire ctivityType.as OR ler/Bank Draft	ctorate or many other in favor of "	ay be downlo	aded
			se provide the fo				
	Ī		NO				
knowledge a Regulations PAK/908, all	nd belief for the Li other app es issued	and I unde censing o licable PN I by the	the particulars ertake to abide to abide to Radiation Fac RA Regulations, Authority from ereto.	by the provision of the regulatory or the regula	ons of PNRA er than Nucl ders, impose	Ordinance - ear Installation d license con	· 2001, on(s) - ditions
Signature of the	ne Owner	. /	Signs	ature of the Ap	onlicant:		
Signature of the	Dated		Signa	ature or the Ap	Dated:		_
	Juiou			Stamp	of Office:		- - -
Please check	the follow	ing docun	nents are attache	ed/submitted:			
iii. Copy of paiv. Copy of CNv. Copy of Ovvi. Safety Anavii. Radiation Fviii. Radiation E	IIC of Ownssport (in IIC(s) of a wnership/L lysis Reportection Emergence of the IIC of Owns IIC of Own	ner(if appl case of fo all Radiatio Lease Doo ort (SAR) Program y Plan (RE Plan (PPP	(RPP) EP)) (if applicable)		Yes	No N	

Page 3 of 4

Email: rnsd2@pnra.org

χi.	Initial Decommissioning Plan (If applicable)	Yes	No	
xii.	Experience/Training Certificate(s) of Radiation Worker(s)	Yes	No	
xiii.	Pay Order/Bank Draft/Copy of Bank Challan	Yes	No	

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

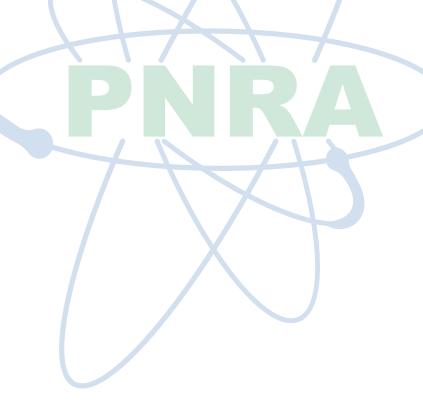
For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009

Email: rnsd1@pnra.org

RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308

RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: r Email: rnsd3@pnra.org





Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR NUCLEAR MEDICINE/NUCLEAR CARDIOLOGY

1. Particulars of the applicant:		
Name	CNIC No.	
Designation		
Address:		Contact No.
		Fax No.
If applicant is not the owner then particulars of the owner than particular owner than particular of the owner than particular owner that particular owner than particular	of the owner:	
Name	CNIC No.	
Address:		Contact No.
		Fax No.
		E-mail
3. If applicant/owner is foreigner, then particular		applicant/owner:
Name	Passport No.	
Address:		Contact No.:
		E-mail:
4. Have you ever applied for registration and lice	ensing with PNR/	A in the past:
Yes No		
If Yes:		
a) Location of PNRA office where you applied	for registration	and licensing:
		and licensing.
Islamabad	Karachi	
b) Date (dd-mm-yy) you applied for registration	on and licensing:.	
c) Final decision of PNRA on your application	ı. Please describe	e briefly:
5. If already licensed with PNRA, please provide	a.	
a) License No.:	•	
	spended	Cancelled
	pended	Cancelled
6. <u>Purpose for which license is required</u> :		
······································		
7. <u>Details of radiation facility</u> :		
Name of Organization/Hospital/Centre		
Address (including Tehsil, District)		

									FOR	M NC). 3-A
Status of premises	Owned	l b	On le	ase/r	ent						
8. Specifications of F	Radioactiv	e Sou	rces:								
a) <u>Sealed Ra</u>	dioactive S	Source	es (SRS)								
Radionuclide(s)	Source ID. No.	Mode No.	el Manufacti	F	Activity w Reference Date		Categ of SR		Coun of Or		Physical Form
b) <u>Unsealed Rad</u>											
Radionuclide(s)	Pharmac	eutica	al to be labele		Activity to ermonth		rchase	ed	F	Purpo	se
					Cimonan				7		
				X							
			X					7			
9. Details of associate				nma (Camera,	Dose	Calibr	ator,	Multich	nanne	<u>el</u>
Analyzer etc.):Gar					11						
Apparatus Type	Sr./I.D.	No.	Model No.	Man	ufacturer		ountry rigin	of	Date (If Re		libration d)
							Ū			•	,
						V					
								A			
				T							
 Particulars of Physicist(s)/Radia 		loyed ction (<u>onals</u> diatior	(Nuc				n(s)/N	ledica	<u>al</u>
Name	Designa		CNIC No.		Age		lificati		Exper	ience	/Training
				X							
	/										
11. Radiation monito	ring equip	ment:									
Type of Sr./ID											

FORM NO. 3-A

10 Arrangam	onto for ac	ofo and oo	ours storage of	radioactiva co	uroo(o):		
			cure storage of				
			Protective Equip				
14. <u>Managem</u>	ent of Dis	used Seale	ed Radioactive S	Sources (DSR	S)/Radioacti	ve Waste:	
15. Arrangeme	ents for pe	ersonal do	se monitoring:				
_			ΓLD etc.):				
			er Name:				
			Exchange for Do				
16. <u>License Fe</u>	ee Informa	ation:					
may b	e obtaine	d from res	ted via Askari E pective Regiona ChalanActivityT	al Directorate			
				OR			
			tted via Pay Ord se provide the fo			Director Fin	ance
Pa	y Order/B	ank Draft I	No.:				
Am	nount:						
Na	me of the	Bank:					
				. / .			
knowledge and Regulations of PAK/908, all	nd belief a for the Li- other appl es issued	and I unde censing of icable PNI by the	the particulars ertake to abide to f Radiation Fac RA Regulations, Authority from ereto.	by the provision of the regulatory or the regula	ons of PNRA er than Nucl ders, impose	Ordinance - ear Installation d license con	2001, on(s) - ditions
Signature of th	ne Owner:	·	Signa	ature of the Ap	plicant:		_
	Dated:	·			Dated:		_
				Stamp	of Office:		
				Staffip	OI OIIICE		_
							_

Please check the following documents are attached/submitted:

i.	Copy of CNIC of Applicant	Yes	No	
ii.	Copy of CNIC of Owner(if applicant is not the owner)	Yes	No	
iii.	Copy of passport (in case of foreigner applicant/owner)	Yes	No	
	Copy of CNIC(s) of all Radiation Worker(s)	Yes	No	
iv.	Copy of Ownership/Lease Documents	Yes	No	
٧.	Safety Analysis Report (SAR)	Yes	No	
vi.	Radiation Protection Program (RPP)	Yes	No	
vii.	Radioactive Waste Management Program (RWMP)	Yes	No	
viii.	Radiation Emergency Plan (REP)	Yes	No	
ix.	Quality Assurance Program (QAP)	Yes	No	
Χ.	Initial Decommissioning Plan	Yes	No	
xi.	Experience/Training Certificate(s) of Radiation Worker(s)	Yes	No	
xii.	Pay Order/Bank Draft/Copy of Bank Challan	Yes	No	

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
 - Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
 - Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: ri
 - Fax No.: 021-99266280 Email: rnsd3@pnra.org





APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR INDUSTRIAL RADIOGRAPHY

1. Particulars of the applicant:		
Name	CNIC No.	
Designation		
Address:		Contact No.
		Fax No.
		E-mail
2. If applicant is not the owner then particulars	of the owner:	
Name	CNIC No.	
Address:		Contact No.
		Fax No.
		E-mail
3. If applicant/owner is foreigner, then particula	rs of the foreigner	applicant/owner:
Name	Passport No.	
Address:		Contact No.:
		Fax No.: E-mail:
4. Have you ever applied for registration and lic	ensing with PNRA	A in the past:
Yes No		
If Yes:		
a) Location of PNRA office where you applie	ed for registration	and licensing:
Islamabad	Karachi	
b) Date (dd-mm-yy) you applied for registrate	tion and licensing:	\\
c) Final decision of PNRA on your application	on. Please describ	be briefly:
5. If already licensed with PNRA, please provid	e:	
a) License No.:	7	
b) Status of license: Valid Su	spended	Cancelled
6. Purpose for which license is required:		
7. Details of radiation facility:		
Name of Organization/Firm		
Address (including Tehsil, District)		

FORM NO. 4-A

Status of pre	mises	Ov	vned			On lease	rent		П				
8. <u>Specification</u>		Radina	ctive Ma	teria	I/R:	adiation Ge	nera	ator.					
			erial/Sou			adiation oc	HOLO	<u></u> .					
Radionuclide(s)		Sour ID. N		el l	Ma	nufacturer		tivity feren		Category of SRS	(Country of Origin	Physical Form
												51.g	
b) <u>Gamma</u>	a Projed	ctors											
Sr./ID. No.		Mode	el No.		M	anufacturer		S	hieldin	g Material		Country	y of Origin
						Y							
c) <u>Radiati</u>	on Gen	erator	<u>s</u>										
Sr./ID.No.	Mode	l No.	Manufa	cture	er	Maximum		age	Maxi	mum Curre	ent	Country	y of Origin
					7	(kV)			(mA)			
			1					-					
9. Particulars	of Emi	oloved	Profess	iona	I (F	Radiation Pr	otec	ction	Office	r(s)/Radiat	ion	Worker(s)
etc.):										V			
Name		Desi	ignation	CN	IIC	No.	Α	ge	Qua	alification	E	perience	e/Training
					ŧ			7					
										 	P		
							4						
		/				$-\mathbf{Y}$				_			
10. Details of	<u>availab</u>	le Per	sonal Pr	otect	ive	Equipment	(PF	<u>'E)</u> :					
													••
11. <u>Arrangem</u>	ents for	safe	and secu	ire st	tora	age of radio	activ	/e so	urce(s	<u>)</u> :			

12. <u>Managem</u>	ent of Dis	used Seal	ed Radioactive	Sources (DSR	S)/Radioact	ive Waste:	
_			se monitoring:				
			TLD etc.): ler Name:				
*	•		Exchange for Do				
14. Radiation			_	500 / 100000mi			
Type of	Sr./ID.	Model	 Manufacturer	Radiation	Energy &	Purpose	Date of
Instrument	No.	No.		Detected	Dose Range	of Monitoring	Calibration
					range	Worldoning	
				X			
15. <u>License Fo</u>							
			tted via Askari I spective Region				
https://	/www.pnra	a.org/bank	ChalanActivityT	ype.asp	···, ··-		
				OR			
			tted via Pay Ord se provide the fo			Director Fin	ance
			No.:	_			
	-						
Na	me of the	Bank:					
I. here	bv. affirm	n that all	the particulars	given above	are correct	to the best	of my
knowledge a	nd belief	and I unde	ertake to abide	by the provision	ons of PNRA	Ordinance -	2001,
PAK/908, all	other app	licable PN	f Radiation Fac IRA Regulations	s, regulatory or	rder, impose	d license con	ditions
and directive	es issued	l by the	Authority from	time to time	e including	any guidelin	nes or
Signature of				ature of the Ap	onlicant		
Oignature of		d:		atare or the 7th			
							_
				Stamp	of Office:		_
					t		_
				,			
			ments are attac	hed/submitted	_	¬	
	CNIC of A CNIC of O		oplicant is not th	e owner)	Yes Yes	_l No □ No	\exists
			foreigner application Worker(s)	ant/owner)	Yes [No No	
iv. Copy of C	DIVIO(S) O	ali Naulal	uon vvoikei(s)		169	_ 140	

Page 3 of 4

FO	RN	Л	N	O.	4-A

٧.	Copy of Ownership/Lease Documents	Yes	No	
vi.	Experience/Training Certificate(s) of Radiation Worker(s)	Yes	No	
vii.	Pay Order/Bank Draft/Copy of Bank Challan	Yes	No	
Inc	lustrial Radiography with Radioactive Materials/Sources			
i.	Safety Analysis Report (SAR)	Yes	No	
ii.	Radiation Protection Program (RPP)	Yes	No	
iii.	Radiation Emergency Plan (REP)	Yes	No	
iv.	Physical Protection Plan (PPP)	Yes	No	
٧.	Quality Assurance Program (QAP)	Yes	No	
vi.	Initial Decommissioning Plan	Yes	No	
Inc	lustrial Radiography with X-ray Generator			
i.	Safety Analysis Report (SAR)	Yes	No	
ii.	Radiation Protection Program (RPP)	Yes	No	
iii.	Radiation Emergency Plan (REP)	Yes	No	

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
- Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-9243 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rr</u> Email: rnsd3@pnra.org





APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR USE OF NUCLEAR/X-RAY GAUGE

1. Particulars of the application	ant:		
Name		CNIC No.	
Designation			
Address:			Contact No.
			Fax No.
			E-mail
2. If applicant is not the own	ner then particulars	of the owner:	
Name		CNIC No.	
Address:			Contact No.
			Fax No.
			E-mail
3. If applicant/owner is fore	igner, then particula	rs of the foreigne	<u>r applicant/owner</u> :
Name		Passport No.	
Address:			Contact No.:
			Fax No.:
			E-mail:
4. Have you ever applied for	or registration and lic	ensing with PNR	A in the past:
Yes No			
If Yes:			
			D 47
a) Location of PNRA off	ice where you applie	ed for registration	and licensing:
Islamabad 🗌	Kundian	Karachi	
b) Date (dd-mm-yy) you	applied for registra	tion and licensing	j
c) Final decision of PNF	VA on your application	on. Flease descri	be bliefly.
5. If already licensed with P		<u>e</u> :	
a) License No.:			
b) Status of license: V	/alid	spended	Cancelled
6. Purpose for which licens	e is required:		
7. Details of radiation facilit	<u>v</u> :		
Name of Organization/Firm	n		
Address (including Tehsil,			

Status of premises Owned On lease/rent 3. Specifications of Nuclear/X-Ray Gauge: a) Nuclear Gauge Type (Fixed/Mobile) Radionuclide(s) Source Model Manufacturer Reference Category Country Activity with of SRS of Origin Date
3. Specifications of Nuclear/X-Ray Gauge: a) Nuclear Gauge Type (Fixed/Mobile) Radionuclide(s) Source ID. No. No. Manufacturer Reference Activity with of SRS of Origin Date
a) Nuclear Gauge Type (Fixed/Mobile) Radionuclide(s) Source ID. No. No. Manufacturer Reference Activity with of SRS of Origin Date
Type (Fixed/Mobile) Radionuclide(s) Source (D. No. No. Model No. Manufacturer Reference Activity with Of SRS of Origin
(Fixed/Mobile) ID. No. No. Activity with of SRS of Origin Date
b) X-Ray Gauge
Type (Fixed/Mobile) Sr./ID. Model No. Manufacturer Maximum Maximum Country of Voltage (kV) Current (mA) Origin
Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s) etc.):
Name Designation CNIC No. Age Qualification Experience/Training
0. Details of available Personal Protective Equipment (PPE):
1. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:
2. Arrangements for personal dose monitoring:
a) Type of Dosimeter (Film/TLD etc.):

b) Dosin	netry Serv	ice Provid	er Name:					
c) Frequ	ency of D	osimeter I	Exchange for Do	se Assessme	nt:			
13. Radiation	monitoring	g equipme	nt:					
Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy 8 Dose Range	of	oose	Date of Calibratio
14 License E	o Inform	ntion:						1
14. <u>License Fe</u>			mitted via Aak	ori Book (All	branabaa	\ The	A akari	bonk
challa	ın may be	obtained t	mitted via Ask from respective	Regional Direct	ctorate or i			
from:	https://wv	vw.pnra.or	g/bankChalanA		<u> </u>			
				OR				
b) Licen	se fee ma Valslamal	y be subm bad" Plea	itted via Pay Ore use provide the f	der/Bank Draft following detail	in favor of	"Direc	tor Fin	ance
			No.:					
Na	me of the	Bank:				.		
Regulations PAK/908, all	nd belief a for the Li other appl es issued	and I unde censing o licable PNI I by the	the particulars ortake to abide to f Radiation Fac RA Regulations, Authority from ereto.	by the provision ility (ies) othe regulatory ord	ns of PNF r than Nu lers, impos	RA Ordi clear II sed lice	inance nstallati nse cor	- 2001, on(s) - nditions
Signature of the	ne Owner		Signa	ature of the Ap	plicant:			_
	Dated:	/	4		Dated:			
				Stamp	of Office:_ - -			— — —
Please check	the follow	wing docu	ments are attach	ned/submitted:				
ii. Copy iii. Copy iv. Copy v. Copy vi. Expe	of CNIC of passpoof CNIC(sof Owner ience/Trace/Ban	ort (in cases) of all Rassinip/Leases aining Cert	nt if applicant is no e of foreigner ap idiation Worker(e Documents ificate(s) of Rad py of Bank Chal	plicant/owner) s) iation Worker(Yes Yes		No No No No No No	
i. Plan, ii. Radia iii. Radia iv. Physi	Map, Lay ation Prote ation Eme cal Protee	rgency Pla	gram (RPP) (up in (REP) (up to (PPP) (up to Ca	Cat-III) source			No No No No No	

Plan, Map, Layout of the Facility i.

Yes No

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

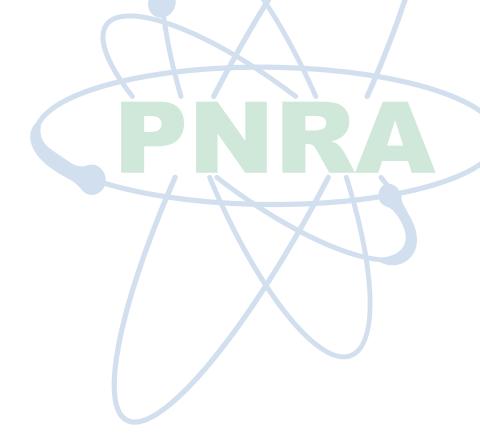
RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 E

Email: rnsd1@pnra.org

RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294

Fax No.: 0459-924308 Email: rnsd2@pnra.org

RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: n Email: rnsd3@pnra.org





APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR IRRADIATION

1	. Particulars of the applicant:
ſ	Name CNIC No.
	Designation
	Address: Contact No.
	Fax No.
٦	
	. If applicant is not the owner then particulars of the owner:
-	Name CNIC No.
	Address: Contact No. Fax No.
	E-mail
3	. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:
ſ	Name Passport No.
ŀ	Address: Contact No.:
	Fax No.:
	E-mail:
4	. Have you ever applied for registration and licensing with PNRA in the past:
	Yes No N
	If Yes:
	a) Location of PNRA office where you applied for registration and licensing:
	Islamabad
	b) Date (dd-mm-yy) you applied for registration and licensing:
	c) Final decision of PNRA on your application. Please describe briefly:
5	. If already licensed with PNRA, please provide:
	a) License No.:
	b) Status of license: Valid Suspended Cancelled
6	Purpose for which license is required:
7	. Details of radiation facility:
	Name of Organization/Hospital/Centre
	Address (including Tehsil, District)

Status of pr	emises	0	vned		On le	lase/	rent					
3. Specification		- 1		orial/P								
a) Radioa				CHAI/IN	aulation	36116	<u>rator</u> .					
Radionuclid		Source		el Ma	nufacture	er A	ctivity w	/ith	Category	C	ountry	Physical
		ID. No.	No.			F	Referenc ate		of SRS	0	,	Form
								-4		_		
										-		
										-	+	
b) Radiati	on Gen	erators							<u> </u>	1		ļ
Type of Irradiator	Sr./ID		lodel N	lo.	Manufactu	urer			n Voltage o		Country	of Origin
					X	`						
Particulars etc.):	of Emp	loyed Pr	ofessio	onals (<u>Radiation</u>	Prot	ection C	Office	r(s)/Radiati	on \	Worker(s	<u>s)</u>
Name		Design	ation	CNIC	No.		Age	Qua	lification	Ex	perience	e/Training
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o. <u>Details of</u>	avallab	ie Peiso	IIai FIO	lective	<u>; Equipine</u>	žIIL (F	FE).					
1. <u>Arrangem</u>	ente for	eafe an	d secui	ra etar	age of rac	dioac	tive sou	rcals	١٠			
i. Allangelli	CIIIS IOI					iloac	iive sou	100(3	1.			
2. <u>Managem</u>	ent of F	Jieneod (Padia	activo So	urco	(DSDS	N/Pa	dioactivo M	last	۵.	
	CITE OF L	viouseu v	Jealeu	i taulu	active 301		ייייי) I I I I	active V	ر می	<u>o</u> .	
3. <u>Arrangem</u>				monit	orina:							
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b) Dosin	netry Serv	rice Provid	er Name:				
c) Frequ	ency of D	osimeter l	Exchange for Do	se Assessme	ent:		
14. Radiation	monitoring	g equipme	nt:				
Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibratio
45.11							
15. <u>License Fo</u>						A	
challa	an may be	obtained	omitted via Ask from respective g/bankChalanA	Regional Dire	ctorate or m	The Askari ay be downlo	bank paded
				OR			
			tted via Pay Ord se provide the fo			Director Fin	ance
Pa	y Order/B	ank Draft	No.:				
An	nount:						
Na	me of the	Bank:					
knowledge a Regulations PAK/908, all	nd belief a for the Li other apples issued	and I unde censing o licable PN I by the	the particulars ertake to abide la f Radiation Fac RA Regulations, Authority from ereto.	by the provision of the regulatory or the regula	ons of PNR/ er than Nuc ders, impose	A Ordinance - lear Installati ed license con	- 2001, on(s) - nditions
Signature of the	ao Ownor		Sign	ature of the A	onlicant:		
Signature of the	Dated		Signa	atule of the A	Dated:		
	Dated				Batou		_
				Stamp	of Office:		_
					-		_
Please check	k the follow	wing docu	ments are attacl	ned/submitted	l:		
ii. Copy iii. Copy iv. Copy v. Copy vi. Expe vii. Pay 0 Blood Irradia	of CNIC of passpoor of CNIC(s) of Owner rience/Trachtor	ort (in case s) of all Ra ship/Leas aining Cert k Draft/Co	if applicant is not of foreigner apadiation Worker(e Documents ificate(s) of Radapy of Bank Cha	plicant/owner s) iation Worker	Yes [Yes [(s) Yes [Yes [No No No No No No No No	
ii. Shiel	ding Desig	out of the gn (if appli ection Pro			Yes [Yes [Yes [No No No No	

Page 3 of 4

iv.	Radiation Emergency Plan (REP)	Yes	☐ No	
٧.	Physical Protection Plan (PPP) (if applicable)	Yes	☐ No	
vi.	Initial Decommissioning Plan (if applicable)	Yes	☐ No	
Agricu	Iltural Irradiators/Industrial Irradiators			
i.	Safety Analysis Report (SAR)	Yes	☐ No	
ii.	Radiation Protection Program (RPP)	Yes	☐ No	
iii.	Radiation Emergency Plan (REP)	Yes	☐ No	
iv.	Physical Protection Plan (PPP) (if applicable)	Yes	☐ No	
٧.	Quality Assurance Program (QAP)	Yes	No	
vi.	Initial Decommissioning Plan (if applicable)	Yes	□ No	

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
 Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org





APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR OIL WELL LOGGING

 Particulars of the applicant: 	
Name	CNIC No.
Designation	
Address:	Contact No.
	Fax No.
	E-mail
2. If applicant is not the owner then part	ticulars of the owner:
Name	CNIC No.
Address:	Contact No.
	Fax No.
	E-mail
3. If applicant/owner is foreigner, then p	particulars of the foreigner applicant/owner:
Name	Passport No.
Address:	Contact No.:
	Fax No.:
	E-mail:
4. Have you ever applied for registration	n and licensing with PNRA in the past:
Yes No 🗆	
If Yes:	
a) Leastion of DNDA office where w	an applied for registration and licensing.
	ou applied for registration and licensing:
Islamabad	☐ Karachi ☐
b) Date (mm-dd-yy) you applied for	registration and licensing:
c) Final decision of PNRA on your a	pplication. Please describe briefly:
5. If already licensed with PNRA, please	e provide:
a) License No.:	
b) Status of license: Valid	Suspended
6. Purpose for which license is required	
7. Details of radiation facility:	
Name of Organization/Industry	

Address (inc	luding Tel	nsil, Di	strict)									
Status of pre	mises	С	wned		n lea	se/rent						
8. Specification	ons of Rac	dioactiv	∕e Mate	rial/Source:								
	Radionuclide(s) So		Model No.			Activity w Referenc Date		Cate of SF		Cour of Origi		Physical Form
9. Particulars	of Employ	ved Pr	nfession	nal (Radiatio	on Pr	rotection	Office	r(s)/Ra	diatio	n Wor	ker(s	=)
etc.):	or Emplo	ycu i i	01033101	nai (i tadiati	011 1 1	Occion	Omcc	1(3)/110	idiatic	NI VVOI	KCI (21
Name		Designa	ation (CNIC No.		Age	Qua	alificati	on	Experi	ence	e/Training
				X								
10. Details of	available l	Person	al Prote	ective Equip	ment	(PPE):						
)		,Δ,			
11. Arrangeme	ents for sa	afe and	l secure	storage of	radio	active so	urce(s	:):				
TT. Mangeme	CITED FOR SC	are une	Courc	storage or	radio	donve so	uroc(o	7.				
						/						
												••
12. Managem	ent of Disi	used S	ealed H					dioacti	ve W	aste:		
						.,,,,,,,,,						
		·								,		
13. Arrangeme	ents for pe	ersona	l dose n	nonitoring:								
a) Type	of Dosime	eter (Fi	ilm/TLD	etc.):								
b) Dosin	netry Serv	rice Pro	ovider N	lame:								
c) Frequ	ency of D	osime	ter Exch	nange for Do	ose A	ssessme	nt:					
14. Radiation	monitoring	g equip	ment:									
Type of Instrument	Sr./ID. No.	Mode No.	el Ma	nufacturer		diation ected	Ener Dose Rang		Purp of Mon	ose		Date of alibration

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	<u> </u>							
1	5. <u>License Fe</u>	ee Informa	ation:					
	challa	ın may be	obtained t	omitted via Ask from respective g/bankChalanAo	Regional Dire	ctorate or m		
	Irom:	nups://wv	w.pnra.or	-	ctivity rype.asp OR	2		
				tted via Pay Ord se provide the fo	ler/Bank Draft		Director Fin	ance
	Pa	y Order/B	ank Draft I	No.:				
	Am	ount:						
	Da	te:						
	Na	me of the	Bank:					
1	Regulations 1 PAK/908, all	for the Li other appl es issued /revisions	censing of licable PNI l by the issued the		ility (ies) othe regulatory ord	er than Nucl ders, impose e including	ear Installation	on(s) - ditions
					Stamp o	of Office:		- - -
	Dlease check	the follow	wing docum	ments are attach	ned/submitted			
	i. Copy ii. Copy iii. Copy iv. Copy v. Copy vi. Plan, vii. Radia ix. Physi x. Initial xi. Exper	of CNIC of CNIC of passpoor of CNIC of Owner Map, Lay ation Protection Emecal Protec	of Applicar of Owner (ort (in case s) of all Ra ship/Lease out of the ection Prog rgency Pla ction Plan issioning F sining Certi	nt if applicant is no of foreigner ap idiation Worker(e Documents Facility gram (RPP) in (REP) (PPP) (up to Ca	ot the owner) plicant/owner) s) t-III) sources iation Worker(Yes	No No No No No No No No No No No No No N	

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

above mentioned documents to the concerned Regional Directorate of the Authority.

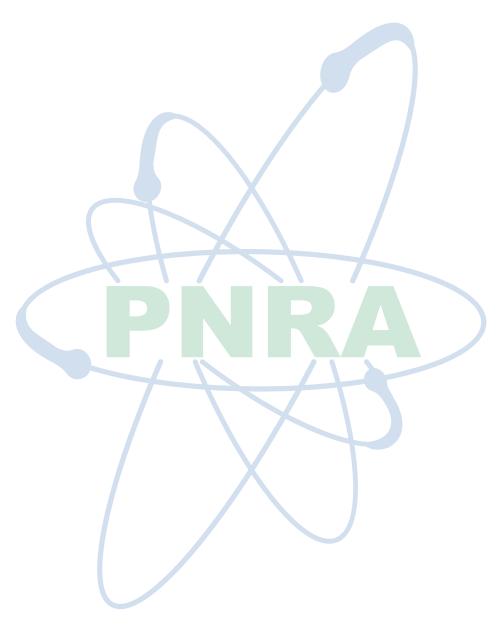
 RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with

RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308

Email: rnsd2@pnra.org

RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org





APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR GAMMA/X-RAY SCANNING

Particulars of the application	<u>ant</u> :		
Name		CNIC No.	
Designation			
Address:			Contact No.
			Fax No.
			E-mail
2. If applicant is not the own	ner then particulars of	of the owner:	
Name		CNIC No.	
Address:			Contact No.
			Fax No.
			E-mail
3. If applicant/owner is fore	igner, then particular	s of the foreigner	applicant/owner:
Name		Passport No.	
Address:			Contact No.:
			Fax No.:
			E-mail:
4. Have you ever applied for	r registration and lice	ensing with PNR	A in the past:
Yes	No 🔲		
If Yes:			
a) Location of DNDA off	fice where you applie	d for registration	and licensing
a) Location of PNRA off —		_	and licensing.
Islamabad	Kundian	Karachi	
b) Date (dd-mm-yy) you	applied for registrati	ion and licensing	i
c) Final decision of PNF	RA on your application	n. Please descril	be briefly:
5. If already licensed with F	NRA, please provide	<u>e</u> :	
a) License No			
, in the second second			
b) Status of license: V	_	spended	Cancelled
6. Purpose for which licens	<u>e is required</u> :		
7. Details of radiation facilit	<u>Υ</u> :		
Name of Organization/Indu	ustry		
Address (including Tehsil,	District)		

Status of prem	ises	Own	ed [On leas	se/rent			
8. Specification:	s of F	Radioact	ive Mate	erial/Radiation (Generator:			
a) <u>Radioacti</u>		laterial						
Radionuclide(s		Source ID. No.	Model No.		Activity with Reference Date	Category of SRS	Country of Origin	Physical Form
					Date			
b) Radiation	Ger	nerator						•
Apparatus Type	Sr./	ID.No.	Mode No.	Manufacture	r Maximum Voltage (kV	Maximum) Current (r		ıntry of gin
9. <u>Particulars of</u>	f Emp	oloyed R	adiation	Protection Offi				
Name		Design	nation	CNIC No.	Age (Qualification	Experience	ce/Training
10. Details of av	/ailab	ole Perso	nal Prot	ective Equipme	ent (PPE):			
11. <u>Management</u>	t of D	isused S	Sealed R	adioactive Sou	rces (DSRS)/F	Radioactive W	<u>Vaste</u> :	
I2. <u>Arrangement</u>	s for	safety a	nd secu	rity of radioactiv	ve source(s):			
				7				
13. <u>Arrangemen</u>	nts fo	r person	al dose	monitoring:				
a) Type of	f Dos	imeter (I	Film/TLD	etc.):				

b) Dosin	netry Ser	vice Provid	er Name:				
c) Frequ	ency of D	Oosimeter E	Exchange for Do	ose Assessme	ent:		
14. Radiation	monitorin	g equipme	nt:				
Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration
					range	Worldoning	
15 License Er	oo Inform	otion:					
15. <u>License Fe</u>				B (A)		TI A I	1 1
			mitted via Ask from respective				
			g/bankChalanA			iay bo domino	adod
				OR			
b) Licens	e fee ma	y be submi	tted via Pay Ord	der/Bank Draf	t in favor of	"Director Fin	ance
			se provide the fo				
Pa	y Order/E	ank Draft I	No.:				
An	ount:						
Da	te:						
Na	me of the	Bank:				/	
knowledge a Regulations PAK/908, all	nd belief for the L other app es issued	and I unde icensing o licable PNI d by the	the particulars ertake to abide of Radiation Fac RA Regulations Authority from ereto.	by the provisi cility (ies) oth , regulatory or	ons of PNR er than Nuc ders, impose	A Ordinance - clear Installations con ed license con con con con con con con con c	- 2001, on(s) - nditions
Signature of the	ne Owner		Sign	ature of the A	pplicant.		
J.g	Dated		3.3		Dated:		
	Dutou				Butou		_
				Stamp	of Office:		_
					_		_
							_
Please checl	k the follo	wing docui	ments are attac	hed/submitted	d:		
i. Copy of C			unlineant in anet th	2 (1 (m 2 m)	Yes [No No	
			plicant is not the foreigner applica		Yes [No No	H
			ion Worker(s)		Yes	No No	
		o/Lease Do	ocuments te(s) of Radiatio	n Worker(e)	Yes [∐ No No	H
			of Bank Challan	on worker(s)	Yes [No No	
Cargo or Veh	icl <mark>e</mark> Scai	nners with	Radioactive S	ources		_ 	_
•		oort (SAR) n Program			Yes [_ No No	H
		cy Plan (R	*		Yes [No No	H
iv. Physical P	rotection	Plan (PPP	·)		Yes	No	
 v. Quality As 	surance l	Program (€	QAP)		Yes	No	\sqcup

FO	RM	NO	8-A

vi. Initial Decommissioning Plan	Yes	No	
Cargo or Vehicle Scanners with X-ray			
i. Plan, Map, Layout of the Facility	Yes	No	
ii. Shielding Design	Yes	No	
iii. Radiation Protection Program (RPP) (if applicable	le) Yes	No	
iv. Radiation Emergency Plan (REP) (if applicable)	Yes	No	
Baggage Scanners/X-ray Scanner (Industrial)			
Plan, Map, Layout of the Facility	Yes	No	

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009

Email: rnsd1@pnra.org

RNSD-II, Chashma Site, Kundian, District Mianwali

Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org

RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: n

Email: rnsd3@pnra.org





APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR USE OF RADIOACTIVE MATERIAL/RADIATION **EQUIPMENT IN TEACHING AND RESEARCH**

 Particulars of the applicant: 	:	
Name	CNIC No.	
Designation		
Address:		Contact No.
		Fax No.
		E-mail
If applicant is not the owner	then particulars of the owner:	
Name	CNIC No.	
Address:		Contact No.
		Fax No.
2. If applicant/ourse is fareign	or then portionless of the foreigne	
	er, then particulars of the foreigne	er applicant/owner:
Name Address:	Passport No.	Contact No.:
Address.		Fax No.:
		E-mail:
4. Have you ever applied for re	egistration and licensing with PNR	A in the past:
Yes \ \ \ \ \	No 🗆	
If Yes:		
	where you applied for registration	and licensing
	where you applied for registration	rand licensing.
	Kundian	
b) Date (dd-mm-yy) you ap	pplied for registration and licensing	j:
c) Final decision of PNRA	on your application. Please descri	ibe briefly:
5. If already licensed with PNR	2A places provide:	
a) License No.:		
b) Status of license: Valid		Cancelled
		Caricelled
6. Purpose for which license is	required:	
7. Details of Research/Educati	onal Institute:	
Name of Research/Education	al Institute	

Address (inc	luding T	ehsil,	District)								
Status of pre			Owne			ease/ren	t				
3. Specification	ons of R	adioa	ctive Mat	erial/Radiatio	n Equ	<u>ipment</u> :					
a) <u>Sealed</u>	Radioa	ctive S	Sources ((SRS)							
Radionuclide	e(s)	Source ID. N		el Manufacti		Activity Referen Date		Cate of SI		Coun of Origin	Form
										_	
1 \ 11 \ 1				(11000)						_	
b) <u>Unseal</u>											
Radionuclide	e(s)	Manu	ıfacturer	Activity to be purchased		onth	Coun	try of	Origin	Pu	irpose
				paronasca	per iii	Ontin					
									_		
			_						/		
\ D 0			()(DD)	(DE ()							
c) <u>Radiati</u>	on Equi	pment		RF etc.)							0 1
Apparatus Type	Sr./ID	No.	Model No.	Manufacti	urer	Maxin Voltage			/laximu rrent (r		Country of Origin
								+			
								\bigvee			
							/ 1				
						/					
9. <u>Particulars</u> etc.):	of Emp	loyed	Profession	onals (Radiati	ion Pro	otection	Officer	(s)/Ra	adiation	n Worl	ker(s)
Name		Desi	gnation	CNIC No.		Age	Qua	lificati	on E	xperi	ence/Trainir
				,	Y						
		7									
							+	-/			
10. <u>Radiation</u>	monitor	ina eo	uinment								
iv. <u>maulation</u>				Manufacturer	Do-li	ation	- Fne	an , 0	D		Date of
Time of				nanutacturer	Radi	ation	Energ	yy &	Purpo	se	pate of
Type of Instrument	Sr./ID No.	. IVIC			Dete	ected	Dose Rang		of Monit	oring	Calibratio

FORM NO. 9-A

11. Arrangeme	ents for sa	afety and s	ecurity of radioa	active source(s	<u>s)</u> :			
12. Details of a	available l	Personal F	Protective Equip	ment (PPE):				
					,			
13. Manageme	ent of Dis	used Seal	ed Radioactive S	Sources (DSR	S)/Radioact	ive Waste:		
					•			
14 Arrangeme	ents for ne	ersonal do	se monitoring:					
	-		TLD etc.):					
, ,,		`	,					
b) Dosimetry Service Provider Name:								
15. <u>License Fe</u>	ee Informa	ation:						
challa	in may be	obtained	omitted via Ask from respective g/bankChalanA	Regional Dire	ctorate or ma			
				OR				
			tted via Pay Ord se provide the fo			Director Fin	ance	
Pa	y Order/B	ank Draft	No.:					
Na	me of the	Bank:						
knowledge at Regulations of PAK/908, all	nd belief a for the Li other appl es issued	and I unde censing o licable PNI I by the	the particulars entake to abide to f Radiation Fac RA Regulations, Authority from ereto.	by the provision of the control of t	ons of PNRA er than Nucl ders, impose	Ordinance - lear Installation d license con	· 2001, on(s) - ditions	
Signature of th	ne Owner:	:	Signa	ature of the Ap	plicant:		_	
	Dated	:			Dated:		_	
				Stamp	of Office:			
				Otamp			_	
							_	

Please check the following documents are attached/submitted:

i.	Copy of CNIC of Applicant	Yes		No	
ii.	Copy of CNIC of Owner (if applicant is not the owner)	Yes		No	
iii.	Copy of passport (in case of foreigner applicant/owner)	Yes		No	
iv.	Copy of CNIC(s) of all Radiation Worker(s)	Yes		No	
٧.	Copy of Ownership/Lease Documents	Yes		No	
vi.	Experience/Training Certificate(s) of Radiation Worker(s)	Yes		No	
vii.	Pay Order/Bank Draft/Copy of Bank Challan	Yes		No	
/iii	Additional documents according to modality as per Regul	atione	DAK/QOS	R/Pay 1	`

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 E

Email: rnsd1@pnra.org

RNSD-II, Chashma Site, Kundian, District Mianwali

Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org

RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rr Email: rnsd3@pnra.org





APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR IMPORT/EXPORT/TRADE OF RADIOACTIVE MATERIAL/RADIATION EQUIPMENT/ DEVICES CONTAINING RADIOACTIVE MATERIAL

Particulars of the applicant:		
Name	CNIC No.	
Designation		
Address:		Contact No.
		Fax No.
		E-mail
2. If applicant is not the owner then particulars of	of the owner:	
Name	CNIC No.	
Address:		Contact No.
	/	Fax No.
		E-mail
3. If applicant/owner is foreigner, then particular	s of the foreigner	applicant/owner:
Name	Passport No.	
Address:		Contact No.:
		Fax No.: E-mail:
4. Have you ever applied for registration and lice	ensing with PNRA	in the past:
Yes No 🗆		
If Yes:		
a) Location of PNRA office where you applie	d for registration .	and licensings
		and licensing.
Islamabad 🔲 Kundian 🔲	Karachi	
b) Date (dd-mm-yy) you applied for registrat	ion and licensing:.	
c) Final decision of PNRA on your application	n. Please describ	e briefly:
э, тим аганган ги уги арриана		
5. If already licensed with PNRA, please provide		
	2.	
a) License No.:		
b) Status of license: Valid Sus	pended	Cancelled
6. Purpose for which license is required:		
7. <u>Details of Premises</u> :		
Name of Organization/Firm		

Address (inc	luding ⁻	Tehsil,	District)							
Status of pre	mises		Owned	On I	ease/rent					
8. Specification	ns of F	Radioad	ctive Mat	erial/Radiation Ed	uipment:					
a) <u>Sealed</u>		ctive S	Sources (SRS)						
Radionuclide	e(s)	Source ID. No		el Manufacturer	Activity wi Reference Date		Category of SRS	of Orig	1	Physical Form
							7			
b) Unseale	ad Pad	ioactiv	Source	e (LISPS)						
Radionuclide			facturer	Activity to be pu	ırchased	Co	untry of Ori	ain	Purpo	nse
reacionaciae	,(3)	Iviariu	lacturer	per month	irchaseu	CO	unitry of Off	giii	i uipe	
				X						
								1		
	_									
							7			
c) <u>Radiation</u>	on Gen	erator								
Apparatus Type	Sr./ID	. No.	Model No.	Manufacturer	Maximu Voltage (Maxim Current		Cou Orig	ntry of in
d) <u>Devices</u>					Manufact		Obi a lalia a		0	
Type of Devi	ce	Sr./ID	. NO.	Model No.	Manufactu	ırer	Shielding Material		Orig	ntry of jin
		_								
0 D (; 1	(=		D ()	1 (5 1: 1: 5		cc.	() (D	14/		`
9. <u>Particulars</u> etc.):	or Emp	oloyea	Professio	onals (Radiation F	rotection O	nicer	(s)/Radiatio	n vvo	rker(s	1
Name		Desi	gnation	CNIC No.	Age	Qua	lification	Exper	ience	/Training
	-									
		1								

10. <u>Maintenan</u>	ce/Testing	g of radiation	n generator:				
Whether the performed at t			of radiation appa	aratus/radi	oactive mat	erial will be	Э
Yes	□ No	o 🗌					
If yes, propersonal m			n radiation safety	arrangeme	ent at the pr	emises inclu	ıding
11. <u>Arrangeme</u>	ents for sa	fe and secu	re transportation a	nd storage	of radioacti	ve source(s)	<u>;</u> :
12. <u>Arrangeme</u>	ents for pe	ersonal dose	monitoring:				
a) Type	of Dosime	eter (Film/TL	D etc.):				
b) Dosim	netry Servi	ice Provider	Name:				
c) Frequ	ency of De	osimeter Ex	change for Dose A	ssessmen	t:		
13. <u>Radiation </u>	monitoring	<u>instrument</u>					
Type of Instrument	Sr./ID.No	No.	Manufacturer	Radiation Detected	3,	Purpose of Monitoring	Date of Calibration
					1		
	<u> </u>						
14. <u>License Fe</u>							
a) Licens	se fee ma	ay be subm	nitted via Askari E om respective Regi	Bank (All	branches). ⁻	The Askari b	oank aded
			bankChalanActivity		torate or ma	y be downloa	aucu
			OR				
			ed via Pay Order/Ba provide the followi			irector Fina	ance
Pa	y Order/Ba	ank Draft No	o.:				
Am	ount:						
Da	te:						
Na	me of the	Bank:					
I, here	by, affirm	that all the	e particulars giver	n above a	re correct t	o the best	of my

knowledge and belief and I undertake to abide by the provisions of PNRA Ordinance - 2001, Regulations for the Licensing of Radiation Facility (ies) other than Nuclear Installation(s) -

PAK/908, all other applicable PNRA Regulations, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner:	_ Signature of the Applicant:	
Dated:	Dated:	
	Seal of Office:	
Please check the following documents a	re attached/submitted:	
 Copy of CNIC of Applicant 	Yes 🗌	No 🗌
ii. Copy of CNIC of Owner (if appl		No 🔲
iii. Copy of passport (in case of for		No 🗌
iv. Copy of CNIC(s) of all Radiation		No 📙
v. Copy of Ownership/Lease Docuvi. Experience/Training Certificate		No 📙
vii. Pay Order/Bank Draft/Copy of E		No
viii. Tay Graci/Barik Brail Copy of I	Sariik Challan	
Dealing in Radioactive Materials/Sou	irces	
 Plan, Map, Layout of the Facility 		No 🗌
ii. Shielding Design	Yes 🗌	No
iii. Radiation Protection Program (No 📙
iv. Radiation Emergency Plan (REv. Physical Protection Plan (PPP)		No 🗌
Dealing in Radiation Generators	les 🗆	NO L
i. Plan, Map, Layout of the Facilit	y Yes □	No 🗆
ii. Shielding Design (if applicable)	Yes	No 🗌

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
- Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308
- Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>r</u> Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING OF FULL-FLEDGED MEDICAL CENTRE

1. Particulars of the applicant: Name CNIC No. Designation Contact No. Address: Fax No. E-mail 2. If applicant is not the owner then particulars of the owner: Name CNIC No. Address: Contact No. Fax No. E-mail 3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner: Name Passport No. Address: Contact No. Fax No.: E-mail: 4. Have you ever applied for registration and licensing with PNRA in the past: Yes If Yes: a) Location of PNRA office where you applied for registration and licensing: Islamabad Kundian Karachi b) Date (dd-mm-yy) you applied for registration and licensing:..... c) Final decision of PNRA on your application. Please describe briefly: 5. If already licensed with PNRA, please provide: a) License No..... b) Status of license: Valid Suspended Cancelled 6. Purpose for which license is required: 7. Details of radiation facility: Name of Organization/Hospital/Centre

Address (including Tehsil, District)

Status of prer	nises	Owne	d [On le	ase	/rent			
8. Specification	ns of R	ladioactiv	e Mater	ial/Radiation	Ge	nerator:			
a) Sealed I	Radioa	ctive Sou	ırce (SF	RS)(Therape	utic/	Calibration/Bloo	od Irradiation	Source)	
\ /		Source ID. No.			rer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form
b) <u>Unseale</u>	d Radi	oactive S	Sources	(USRS)(The	rap	eutic/Diagnostic	<u>c)</u>		
Radionuclide	(s)	Pharma labeled	ceutical	to be		activity to be pur nonth	rchased per	Purpos	е
								7	
				\rightarrow					
			-						
c) Radiatio	n Gen	erator in	Radioth	erapy (LINA)	C, X	-ray/CT Simula	tor etc.))
Apparatus Type	Sr./IE No.		del M	anufacturer	Ма	ximum ltage/Energy	New/ Refurbished		ry of Origin
.) -	1.5:	1,10	/			augo, z.i.o.gy	1.0.0.0.0		
		7							
					X				
d) <u>Radiatio</u>	n Gen	erator in	Diagnos	tic Radiolog	<u>y (C</u>	onventional, M	ammography	y etc.)	
	r./ID. N X-ray ube.	o. Mod	del No.	Manufacture	٧	oltage (Maximum Current (mA)	New/ Refur	bished
					+				
	+								

Page 2 of 4

9. <u>Details of</u> <u>Analyzer et</u>		ed equipi	ment (Gar	nma/PE	T Ca	<u>mera</u>	, Dos	e Calib	<u>rato</u>	r/Multich	<u>annel</u>
Apparatus Type	Sr./I.D	. No. Mo	del No.	Manuf	facture	er (Count	ry of Or	igin	Date of (If Requ	Calibration uired)
10. <u>Particu</u> <u>Physician(s</u> <u>Technologi</u>)/ Radi	ologist(s)/	ed Profe Medical F							/Nuclear Officer(s)	Radiation
Name		Designation	on CNIC	No.		Age	Q	ualificat	ion	Experie	ence/Training
				/							
				X		\			/		
44 5 11 11	., .										
11. Radiation					D. C.	·					Ditter
Type of Instrument	Sr./ID. No.	Model No.	Manufac		Radia Detec		Do	ergy & se nge	of	rpose nitoring	Date of Calibration
							4_				
		1/									
10.4			.,								
	of Dosim	eter (Film	/TLD etc.):								
			der Name:								
			Exchange								
13. <u>Arrangeme</u>	ents for s	afe and s	ecure stora	age of ra	adioac	tive s	ource	<u>(s)</u> :			

14. <u>License Fee Information</u>:

Page 3 of 4

challan may be obtained from respective Regional Directorate or may be downloaded from: https://www.pnra.org/bankChalanActivityType.asp b) License fee may be submitted via Pay Order/Bank Draft in favor of "Director Finance PNRA, Islamabad". Please provide the following details: Pay Order/Bank Draft No.: Amount: Date: Name of the Bank: I, hereby, affirm that all the particulars given above are correct to the best of my knowledge and belief and I undertake to abide by the provisions of PNRA Ordinance - 2001, Regulations for the Licensing of Radiation Facility (ies) other than Nuclear Installation(s) -PAK/908, all other applicable PNRA Regulations, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto. Signature of the Owner: Signature of the Applicant: Dated: Dated: Stamp of Office: Please check the following documents are attached/submitted: Copy of CNIC of Applicant Yes No ii. Copy of CNIC of Owner (if applicant is not the owner) Yes No iii. Copy of passport (in case of foreigner applicant/owner) Yes No iv. Copy of CNIC(s) of all Radiation Worker(s) Yes No Copy of Ownership/Lease Documents Yes No V vi. Safety Analysis Report (SAR) Yes No Radiation Protection Program (RPP) Yes vii No Radioactive Waste Management Program (RWMP) viii. Yes No ix. Radiation Emergency Plan (REP) Yes No Physical Protection Plan (PPP) Yes No Χ. Quality Assurance Program (QAP) xi. Yes No

a) License fee may be submitted via Askari Bank (All branches). The Askari bank

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

Yes

Yes

Yes

No

No

No

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad

Experience/Training Certificate(s) of Radiation Worker(s)

Pay Order/Bank Draft/Copy of Bank Challan

Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org

• RNSD-II, Chashma Site, Kundian, District Mianwali

Initial Decommissioning Plan

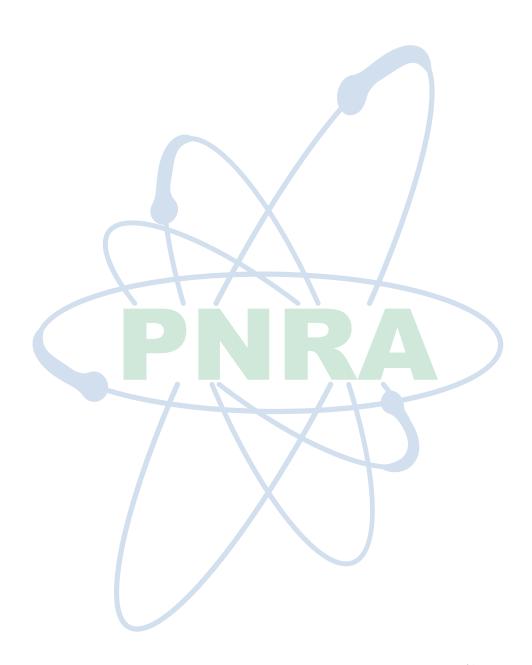
xii.

xiii.

XİV.

Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>

RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
 Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org





Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912. Islamabad

APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR MANUFACTURING OF RADIOACTIVE SOURCES/RADIATION GENERATOR

1. Particulars of the applicant: Name CNIC No. Designation Address: Contact No. Fax No. E-mail 2. If applicant is not the owner then particulars of the owner: CNIC No. Address: Contact No. Fax No. E-mail 3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner: Name Passport No. Address: Contact No.: Fax No.: E-mail: 4. Have you ever applied for registration and licensing with PNRA in the past: Yes Nο If Yes: a) Location of PNRA office where you applied for registration and licensing: Islamabad Kundian Karachi b) Date (dd-mm-yy) you applied for registration and licensing:..... c) Final decision of PNRA on your application. Please describe briefly: 5. If already licensed with PNRA, please provide: a) License No.:.... b) Status of license: Valid Suspended Cancelled 6. Purpose for which license is required: 7. Details of radiation facility: Name of Organization/Firm

Page 1 of 4

Address (including Teh	nsil, District)					
Status of premises	Owned	☐ On	lease/rent			
Specifications of Rad Sealed Radioactiv				ource (USR	<u>S)</u>	
Type of Radioactive Source (SRS/USRS)	Radionuclide	e(s) Physic Form	al Chemical Form		n amount that rocessed per	Use of source
b) Radiation Genera	tor (Diagnostic	X-ray machin	e/CT Scanner	/Baggage S	canner etc.)	
Type of Equipment	Maximum C	urrent (mA)	Maximum Vo	oltage (kV)	Use of Equip	ment
		X				
				V.		7
9. Particulars of Employ	ed Professional	s (Radiation F	Protection Office	cer(s)/Radia	ation Worker(s	<u>) etc.)</u> :
Name D	esignation CN	IIC No.	Age C	ualification	Experience	/Training
/		X				
10. <u>Details of availat</u>	ole Personal Pro	tective Equip	ment (PPE):			
11. Arrangements for sa	fe and secure s	torage of radi	oactive source	e(s):		

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Page 2 of 4

12.	Arrangeme	ents for pe	ersonal do	se monitoring:				
	a) Type	of Dosime	eter (Film/	TLD etc.):				
	b) Dosin	netry Serv	ice Provid	ler Name:				
	c) Frequ	ency of D	osimeter l	Exchange for Do	se Assessme	nt:		
13.	Radiation	monitoring	g equipme	nt:				
	Type of nstrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration
H								
14.		se fee m	ay be sub	omitted via Ask from respective				
	from:	https://wv	vw.pnra.or	g/bankChalanA	ctivityType.as	<u>p</u>		
					OR			
	b) Licens	e fee may , Islamab	be submi ad". Pleas	tted via Pay Ord se provide the fo	ler/Bank Draft bllowing details	in favor of " s:	Director Fin	ance
	Pa	y Order/B	ank Draft	No.:				
	Am	ount:						
	Da	te:						
	Na	me of the	Bank:				,	
I, hereby, affirm that all the particulars given above are correct to the best of my knowledge and belief and I undertake to abide by the provisions of PNRA Ordinance - 2001, Regulations for the Licensing of Radiation Facility (ies) other than Nuclear Installation(s) - PAK/908, all other applicable PNRA Regulations, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.								
Sic	nature of th	o Owner	. /	Sign	ature of the Ap	anlicant:		
Oig	mature or ti	Dated			ature of the Ap	Dated:		_
		Dated		\	Stamp			_
								_ _
								_
Р	lease check	the follo	wing docu	ments are attacl	ned/submitted	:		
ii. iii. iv. v. vi.	Copy of p Copy of C Copy of C Authoriza Experience	CNIC of O passport (i CNIC(s) of Ownership tion from ce/Trainin	wner (if ap in case of f all Radiat o/Lease Do the releva g Certifica	oplicant is not the foreigner applica- tion Worker(s) ocuments nt Govt. Departr te(s) of Radiation of Bank Challan	ant/owner) ments	Yes [Yes [Yes [Yes [Yes [Yes [Yes [Yes [No No No No No No No No	

Page 3 of 4

Ма	nufacturers of Radioactive Materials/Sources				
i.	Safety Analysis Report (SAR)	Yes		No	
ii.	Radiation Protection Program (RPP)	Yes		No	
iii.	Radiation Emergency Plan (REP)	Yes	П	No	
iv.	Radioactive Waste Management Program (RWMP)	Yes	同	No	一
٧.	Physical Protection Plan (PPP)	Yes	Ħ	No	同
vi.	Quality Assurance Program (QAP)	Yes	同	No	一
vii.	Initial Decommissioning Plan	Yes	П	No	П
Ma	nufacturers of Radiation Generators		_		_
i.	Safety Analysis Report (SAR)	Yes		No	
ii.	Radiation Protection Program (RPP)	Yes		No	
iii.	Radiation Emergency Plan (REP) (if applicable)	Yes		No	
iv.	Quality Assurance Program (QAP)	Yes		No	
Co	nsumer Products having Radioactive Material				
i.	Plan, Map, Layout of the Facility	Yes		No	
ii.	Shielding Design	Yes		No	
iii.	Radiation Protection Program (RPP)	Yes		No	
iv.	Radiation Emergency Plan (REP)	Yes		No	
٧.	Radioactive Waste Management Program (RWMP)	Yes		No	
vi.	Physical Protection Plan (PPP) (if applicable)	Yes		No	
/ii.	Quality Assurance Program (QAP)	Yes		No	
iii.	Initial Decommissioning Plan	Yes		No	

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
 Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294
 Fax No.: 0459-924308
 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org
- RSD, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9261737 Fax No.: 051-9262019

Page 4 of 4



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR RADIOIMMUNOASSAY

1. Particulars of the applicant: Name CNIC No. Designation Address: Contact No. Fax No. E-mail 2. If applicant is not the owner then particulars of the owner: Name CNIC No. Address: Contact No. Fax No. E-mail 3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner: Name Passport No. Address: Contact No.: Fax No.: E-mail: 4. Have you ever applied for registration and licensing with PNRA in the past: Yes No If Yes: a) Location of PNRA office where you applied for registration and licensing: Islamabad Kundian Karachi b) Date (dd-mm-yy) you applied for registration and licensing:..... c) Final decision of PNRA on your application. Please describe briefly: 5. If already licensed with PNRA, please provide: a) License No.:.... b) Status of license: Valid Suspended Cancelled 6. Purpose for which license is required: 7. Details of radiation facility: Name of Organization/Hospital/Centre

Address (including Tehsil, District)

FORM NO. 13-A

Status of premises	Owned	☐ On lease	/rent			
Specifications of F	Radioactive Mat	<u>erial</u> :				
Radionuclide(s)	Manufacturer	Activity to be pure	hased p	er month	Country	of Origin
9. <u>Particulars of Emp</u>	oloyed Radiatio	n Protection Officer(s)/Radia	tion Workers	s(s) etc.:	
Name	Designation	CNIC No.	Age	Qualification		erience/Training
10. Details of ass	ociated equipm	nent (Gamma Count	er etc)·			
		el No. Manufactur		e of Calibrat	ion Cou	untry of Origin
Туре			(If re	equired)		
11. Details of radiation	n monitoring e	quipment (If any):				
				/		
12. <u>Details of availab</u>	le Personal Pro	otective Equipment (PPE):			
13. <u>Management of r</u>	adioactive was	<u>te</u> :				
14. <u>Arrangements for</u>						
		D etc.):				
		Name:				
c) Frequency o	f Dosimeter Ex	change for Dose As	sessmer	nt:		

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License Fee Informat	tion
--	------

 a) License fee may be submitted via Askari Bank (All branches). The Askari bank challan may be obtained from respective Regional Directorate or may be downloaded from: https://www.pnra.org/bankChalanActivityType.asp

pe.asp
Draft in favor of "Director Finance details:
above are correct to the best of my rovisions of PNRA Ordinance - 2001, b) other than Nuclear Installation(s) - ory orders, imposed license conditions to time including any guidelines or
the Applicant:
Dated:
tamp of Office:
mitted:
1

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
 Phone No : 051-0263010
 Fay No : 051-0263000
 Fay No : 051-0263000
- Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org

 RNSD-II, Chashma Site, Kundian, District Mianwali
- Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi

Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org

Page 3 of 3



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR NON-MEDICAL HUMAN IMAGING

Particulars of the applicant:		
Name	CNIC No.	
Designation		
Address:		Contact No.
		Fax No.
2. If applicant is not the august then portion	lara of the ourser.	E-mail
2. If applicant is not the owner then particu		
Name	CNIC No.	I Contact No.
Address:		Contact No.
		E-mail
3. If applicant/owner is foreigner, then parti	iculars of the foreigne	r applicant/owner:
Name	Passport No.	/
Address:		Contact No.:
		Fax No.: E-mail:
4. Have you ever applied for registration ar	nd licensing with PNR	A in the past:
Yes No		
If Yes:		
a) Location of PNRA office where you a	applied for registration	and licensing:
Islamabad	☐ Karachi	
b) Date (dd-mm-yy) you applied for reg		
 c) Final decision of PNRA on your appl 	ication. Please descri	be briefly:
5. If already licensed with PNRA, please pr	rovide:	
a) License No.:		
b) Status of license: Valid	Suspended	Cancelled
6. Purpose for which license is required:		
7. Details of radiation facility:		
Name of Organization/Firm		
Address (including Tehsil, District)		

Status of premises	Owned		On lea	se/rent		
8. Specifications of Ra	adiation Gene	rator:				
Type of Radiation Generator	Sr./ID. No. o X- ray Tube	of Model No.	Manu	ufacturer	Maximum Voltage (k\	Maximum /) Current (mA)
9. Particulars of Empl	oyed Professi	onals/Radia	tion W	orker:		
Name I	Designation	CNIC No.		Age	Qualification	Experience/Training
			X			
Details of avail	able Personal	Protective	Equipn	nent (PPE	<u>Ξ)</u> :	
11. Details of available	e Radiation Me	onitoring Eq	uipmer	nt (if any)		
					/ \ \ \ \ \	
12. <u>Arrangements for</u>	norganal daga	monitoring				
a) Type of Dosir						
b) Dosimetry Se						
c) Frequency of						
13. License Fee Inform		oriange for	Dosc	1330331110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a) License fee		itted via 🕰	skari F	Rank (∆ll	hranches) T	he Askari hank
challan may b	e obtained fro	m respectiv	e Regi	onal Dire	ctorate or may	be downloaded
			OR			
b) License fee ma PNRA, Islama	ay be submitte bad". Please	ed via Pay C provide the	order/Ba followi	ank Draft ng detail:	in favor of " D s:	irector Finance
Pay Order/	Bank Draft No).:				
Amount:						
Date:						
Name of th	e Bank					

Page 2 of 3

I, hereby, affirm that all the particulars given above are correct to the best of my knowledge and belief and I undertake to abide by the provisions of PNRA Ordinance - 2001 Regulations for the Licensing of Radiation Facility (ies) other than Nuclear Installation(s) - PAK/908, all other applicable PNRA Regulations, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.
Signature of the Owner: Signature of the Applicant:
Dated: Dated:
Stamp of Office:
Please check the following documents are attached/submitted:
ii. Copy of CNIC of Applicant iii. Copy of CNIC of Owner (if applicant is not the owner) iii. Copy of passport (in case of foreigner applicant/owner) iv. Copy of CNIC(s) of all Radiation Worker(s) v. Copy of Ownership/Lease Documents vi. Plan, Map, Layout of the Facility vii. Shielding Design (if applicable) viii. Experience/Training Certificate(s) of Radiation Worker(s) ves No viii. Pay Order/Bank Draft/Copy of Bank Challan
Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along
with above mentioned documents to the concerned Regional Directorate of the Authority.
For details please contact your respective Regional Nuclear Safety Directorate (RNSD):
 RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR USE OF NUCLEAR/X-RAY ANALYZER/DETECTOR</u>

1. Particulars of the applicant: Name CNIC No. Designation Address: Contact No. Fax No. E-mail 2. If applicant is not the owner then particulars of the owner: Name CNIC No. Address: Contact No. Fax No. E-mail 3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner: Name Passport No. Address: Contact No.: Fax No.: E-mail: 4. Have you ever applied for registration and licensing with PNRA in the past: Yes No If Yes: a) Location of PNRA office where you applied for registration and licensing: Islamabad Kundian Karachi b) Date (dd-mm-yy) you applied for registration and licensing:..... c) Final decision of PNRA on your application. Please describe briefly: 5. If already licensed with PNRA, please provide: a) License No.:.... b) Status of license: Valid Suspended Cancelled 6. Purpose for which license is required: Details of radiation facility: Name of Organization/Industry Address (including Tehsil, District)

Status of pr	emises	Ov	vned	_ O	n leas	se/rent			
8. Specificat	ions of N	luclear/X-	Ray An	alyzer/Dete	ctor:				<u></u>
a) <u>Nuclea</u>	ar Analy	zer/Detec	tor Gau	ge_					
Type of Analyzer/ Detector	Radio	nuclide(s)	Source ID. No		Mar	nufacturer	Activity with Reference Date	Catego of SRS	
L) V D	A I	(D. 11							
b) <u>X-Ray</u> Type of	Sr./ID.		odel	Manufactu	ror	Maximum	Maximu	Im	Country of
Analyzer/ Detector	31./10.	No. IVI		Mariuraciu		Voltage (k			Origin
						<u> </u>			
2. D ti l		L I D		.1.45	10/	1, ,(,)			
9. <u>Particular</u> Name	s of Emp	Designa		ais/Radiatio	on vvo		Qualification	Evnorior	nce/Training
Name		Designa	ation C	INIC INO.		Age	Qualification	Experier	ice/ fraining
			1	1			1 2		
10. <u>Details o</u>	f radiatio	n monitor	ing equ	ipment (If a	ny):				
11. <u>Details o</u>	f availab	le Person	al Prote	ctive Equip	ment	<u>(PPE)</u> :			
12. <u>Arranger</u>	nents for	personal	dose m	nonitoring:					
a) Type	e of Dos	imeter (Fi	lm/TLD	etc.):					
b) Dos	imetry S	ervice Pro	vider N	ame:					
	ulopov o	f Dosimet	er Exch	ange for Do	se As	ssessment:			
							Radioactive V		

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14. Arrangements for security of radioactive source(s):
45 Licens For Information
15. <u>License Fee Information</u> :
 a) License fee may be submitted via Askari Bank (All branches). The Askari bank challan may be obtained from respective Regional Directorate or may be downloaded from: https://www.pnra.org/bankChalanActivityType.asp
OR
b) License fee may be submitted via Pay Order/Bank Draft in favor of "Director Finance PNRA, Islamabad". Please provide the following details:
Pay Order/Bank Draft No.:
Amount:
Date:
Name of the Bank:
knowledge and belief and I undertake to abide by the provisions of PNRA Ordinance - 200 Regulations for the Licensing of Radiation Facility (ies) other than Nuclear Installation(s) PAK/908, all other applicable PNRA Regulations, regulatory orders, imposed license condition and directives issued by the Authority from time to time including any guidelines of amendments/revisions issued thereto.
Signature of the Owner: Signature of the Applicant:
Dated:
Stamp of Office:
Please check the following documents are attached/submitted:
ii. Copy of CNIC of Applicant iii. Copy of CNIC of Owner (if applicant is not the owner) iiii. Copy of passport (in case of foreigner applicant/owner) iv. Copy of CNIC(s) of all Radiation Worker(s) v. Copy of Ownership/Lease Documents vi. Plan, Map, Layout of the Facility vii. Experience/Training Certificate(s) of Radiation Worker(s) viii. Pay Order/Bank Draft/Copy of Bank Challan
Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority. For details please contact your respective Regional Nuclear Safety Directorate (RNSD):
RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org

Fax No.: 0459-924308

RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rr

RNSD-II, Chashma Site, Kundian, District Mianwali

Phone No.: 0459-924294

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Email: rnsd2@pnra.org

Email: rnsd3@pnra.org

Annexure II: Application Forms for Renewal of License

- i. 1-B: Application form for renewal of license for diagnostic radiology
- ii. 2-B: Application form for renewal of license for radiotherapy
- iii. 3-B: Application form for renewal of license for nuclear medicine/nuclear cardiology
- iv. 4-B: Application form for renewal of license for industrial radiography
- v. 5-B: Application form for renewal of license for use of nuclear/x- ray gauge
- vi. 6-B: Application form for renewal of license for irradiation
- vii. 7-B: Application form for renewal of license for oil well logging
- viii. 8-B: Application form for renewal of license for gamma/ x-ray scanning
- ix. 9-B: Application form for renewal of license for use of radioactive material/radiation equipment in teaching and research
- x. 10-B: Application form for renewal of license for import/export/trade of radioactive material/radiation equipment
- xi. 11-B: Application form for renewal of license for full- fledged medical centre
- 12-B: Application form for renewal of license for manufacturing of radioactive sources/radiation generator
- xiii. 13-B: Application form for renewal of license for radioimmunoassay
- xiv. 14-B: Application form for renewal of license for non-medical human imaging
- xv. 15-B: Application form for renewal of license for use of nuclear/x-ray analyzer/detector



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR DIAGNOSTIC **RADIOLOGY**

 Particulars of the licensee: 				
Name	CNIC No.			
Passport No. (In case of foreigner licensee)				
Designation				
Address:		Contact	No.	
		Fax No.		
		E-mail		
License information:				
a. Date of Registration with PNRA				
b. License No.	c. Validity	of License		
3. Any change in location of radiation equipme	<u>nt</u> :			
Yes No				
If Yes:				
Provide complete updated address (includin	g mohalla/chal	k, Tehsil and	District):	
4. Any addition/reduction in radiation generator	-:			
Yes No N				
If Yes:				
Provide details of radiation generator:		/ \		
	ufacturer &	Maximum	Maximum	Addition*/
Generator No. of X-ray No. Date	7.	Voltage	Current	Reduction
	ufacturing	(kV)	(mA)	
Scanner, etc.)				
	X			
5. Any change in particulars of Employed P	rofessionals (Radiologist(s	s)/Radiogran	oher(s)
etc.):	. 5. 5001011410	· tudiologiotic	z,,. taalogiaj	<u></u>
Yes No No				
If Yes:				

*In case of addition of new X-ray machine, please submit Application Form-1A along with this renewal form

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left Joined
						-
6. Status of pr	evious inspection	recommendatio	ns:			
7 Reference/b	orief of radiation i	ncident occurred	during pre	evious licensing	period (if any)	
·						=
٥ ١:٠٠٠	16					
8. <u>License Fee</u>				5		
	e renewal fee ma challan may be					
	paded from: https					
			OR			
	renewal fee may PNRA, Islamab				favor of "Dire	ctor
Pay	Order/Bank Draf	t No.:				
Amo	ount:					
Date	ə:					
Nam	ne of the Bank:			<u></u>		
	y, affirm that all					
Regulations for	d belief and I und or the Licensing	ierτaκe το abide of Radiation Fac	by the prob cility (ies)	other than Nuc	A Ordinance - clear Installatio	2001, n(s) -
PAK/908, all	other applicable	e PNRA Regula	ations, re	gulatory orders	s, imposed li	cense
	directives issued to		/ from time	to time includi	ng any guidelir	ies or
		S	ignature of	the Licensee:		
				Dated:		

i. Updated list along with annual dose record of radiation workers
 ii. Updated inventory of radiation generator
 iii. Copy of CNIC(s) of newly appointed radiation workers
 iv. Qualification and experience certificate of newly appointed worker(s)
 Yes
 No
 No

Please check the following documents are attached/submitted:

Stamp of Office:

v. Pay Order/Bank Draft/Copy of Bank Challan Yes No

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD) & Regional Nuclear Safety Inspectorate (RNSI):

RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Email: rnsd1@pnra.org Phone No.: 051-9263019 Fax No.: 051-9263009

RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org

RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Ema

Fax No.: 021-99266280 Email: rnsd3@pnra.org

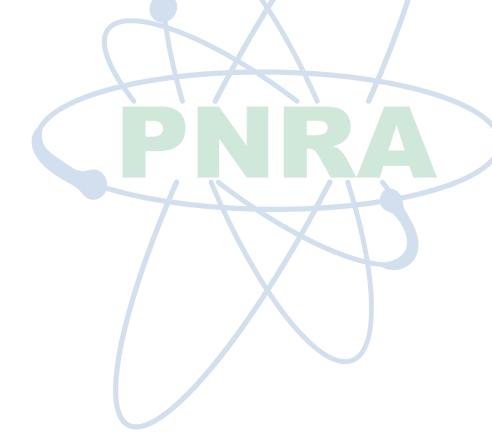
RNSI-Peshawar, House No. 124, Street No. 9, Phase-2, Sector H3, Hayyatabad, Peshawar Phone No.: 091-9330317 Fax No.: 091-933316 Email: rnsi1a@pnra.org

RNSI-Gilgit-Baltistan, HRDC Complex, Near Regional Board Center, Jutial, Gilgit-Baltistan Phone No.: 58119-30083 Fax No.: 05811-552844 Email: rnsi1b@pnra.org

RNSI-AJ&K, Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K Phone No.: 0582-2943904 Fax No.: 0582-2943904 Email: rnsi1c Email: rnsi1c@pnra.org

RNSI-Multan, House No. 93, Western Fort Colony, Qasim Bella, Multan Phone No.: 061-6350569 Fax No.: 061-6350653 Email: rn Email: rnsi2a@pnra.org

RNSI-Quetta, House No.514/A-17, Street No. II, Madrasa Road, Quetta Cantt Phone No.: 081-2832360 Fax No.: 081-2830942 Email: rnsi3a@ Émail: rnsi3a@pnra.org





Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR **RADIOTHERAPY**

Particulars of the licenses	<u>2</u> :				
Name		CNIC No.			
Passport No. (In case of fo	reigner licensee)				
Designation					
Address:			Contact N	No.	
			Fax No.		
			E-mail		
License information:					
a. Date of Registration wit	h PNRA				
b. License No.		c. Validity	of License		
3. Any addition/reduction in	radioactive materia	l/radiation ge	nerator:		
Yes No					
If Yes:					
a. Provide details of radio	pactive material (Te	eletherapy/Bra	chytherapy So	ource):	
Radionuclide(s) Source M	Model Manufactur	er Activity w	vith Category	Country	Addition/
ID. No. N	No.	Referenc	e of SRS	of	Reduction
		Date		Origin	
b. Provide details of radia	ation generator (LIN	IAC, X-ray/CT	Simulator etc	p.):	
Apparatu Sr./ID Mode	Manufactur Maxii	mum Voltage	New/	Country	Addition/
s Type . I No.		diation	Refurbishe	of	Reduction
No.	Appa	ratus	d	Origin	
 Any change in particular Physicist(s)/Radiation Pro 					<u>ledical</u>
Yes No		tadiation reci	inologist(s) co	<u>o.,,</u> .	
If Yes					
Provide details below:					
	on CNIC No.	Ago (Qualification	Cynorionae	e/ Left /
Name Designation	OIT CIVIC IVO.	Age	Qualilication	Experience Training	Joined
					5554

5.	Status of previous inspection recommendations:
6.	Reference/brief of radiation incident/accident occurred during previous licensing period (if any):
7.	License Fee Information:
	 a) License renewal fee may be submitted via Askari Bank (All branches). The Askari bank challan may be obtained from respective Regional Directorate or may be downloaded from: https://www.pnra.org/bankChalanActivityType.asp
	OR
	b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of "Director Finance PNRA, Islamabad". Please provide the following details:
	Pay Order/Bank Draft No.:
	Amount:
	Date:
	Name of the Bank:
Re Pr	nowledge and belief and I undertake to abide by the provisions of PNRA Ordinance - 2001, egulations for the Licensing of Radiation Facility (ies) other than Nuclear Installation(s) - AK/908, all other applicable PNRA Regulations, regulatory orders, imposed license and directives issued by the Authority from time to time including any guidelines or mendments/revisions issued thereto.
	Signature of the Licensee:
	Dated:
	Stamp of Office:
DI-	
	ease check the following documents are attached/submitted:
ii. U ii. L v. C v. C	Updated list along with annual dose record of radiation workers pdated inventory of radioactive material/radiation generator ist of updated/revised documents e.g. RPP, etc.(if any) Copy of CNIC(s) of newly appointed radiation workers Qualification and experience certificate of newly appointed worker(s) Pay Order/Bank Draft/Copy of Bank Challan Yes No
	te: Use supplemental sheets where necessary. Mail the completely filled Application Form along a above mentioned documents to the concerned Regional Directorate of the Authority.
For	details please contact your respective Regional Nuclear Safety Directorate (RNSD):
	 RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR NUCLEAR MEDICINE/ NUCLEAR CARDIOLOGY

1. Particula	rs of the lice	ensee:						
Name				CNIC No.				
Passport N	lo. (In case	of foreigne	r licensee)		1 1			
Designation	n		,					
Address:						Contact N	lo.	
						Fax No.		
						E-mail		
2. <u>License i</u>								
		on with PNF	RA	Notice Notice		1.5		
b. Licens					•	License		
Any addi	tion/reducti	on in radioa	ctive source	and equipm	ent:			
Yes	□ N	o 🗆						
If Yes:								
a Provi	de details c	of spaled rad	dioactive sou	irces:				
							-	
Radionuclio	le(s) Sour ID. N		Manufactur	er Activity Reference		Category of SRS	Country	Addition/ Reduction
	ID. IV	io. Ino.		Date	e	UI SKS	Origin	Reduction
				Date			Origin	
b. Provid	le details of	unsealed r	adioactive so	ources:				
Radionuclio	lo(c) Pho	rmacoutical	to be labele	d Activity	, to	be purchas	sed Purp	000
Nadioriuciic	ic(s) Flia	IIIIaceulica	to be labele	per mo		be purchas	seu Fuipi	JSC
				p 5				
								-
		7						
							4	
			equipment (gamma/PE	Γ can	nera, dose d	calibrator /	
multic	hannel ana	lyzer etc.):						
Apparatus	Sr./I.D.	Model No	. Manufac	turer Cour	ntry o	f Origin	Addition/	Reduction
Type	No.							
4		£	The state of the	D f	- /NI	Division Division		A - di - di
 Any cha Physicist 			n Officer(s)/F					<u>/ledical</u>
Yes	□ N	0						
If Yes:								
	details belov	W.						

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left Joined
						†
Status of prev	ious inspectior	recommendation	<u>s</u> :			
Reference/brie any):	ef of radiation i	ncident/accident c	ccurred o	during previous	licensing perio	od (if
7. <u>License Fee In</u>	formation:					
bank cha	allan may be	ay be submitted viobtained from res:://www.pnra.org/b	spective	Regional Direct	ctoraté or may	
			R			
b) License re Finance F	newal fee may PNRA, Islamak	be submitted via bad". Please provi	Pay Orded de the fo	er/Bank Draft in llowing details:	favor of "Dire	ctor
Pay O	rder/Bank Draf	t No.:				
Name	of the Bank					
knowledge and b	pelief and I und	I the particulars of dertake to abide by of Radiation Facil	y the pro	visions of PNR	A Ordinance -	2001,
PAK/908, all of	ther applicable	e PNRA Regulat	ions, re	gulatory orders	s, imposed li	cense
conditions and di amendments/rev		d by the Authority hereto.	from time	to time includi	ng any guidelir	nes or
			noture of	the Licensee:		
		Sig	nature or			
				Stamp of Office	e:	
Please check the	following docu	ments are attache	d/submit	ted:		
 Updated along value Updated inventor List of updated/value Copy of CNIC(solue) Qualification and payon Pay Order/Bank 	ory of radioacti revised docum) of newly appo d experience c	ents e.g. RPP, etcointed radiation wo ertificate of newly	on genera . (if any) orkers	ator d worker(s)	Yes No Yes No Yes No Yes No Yes No Yes No Yes No	

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

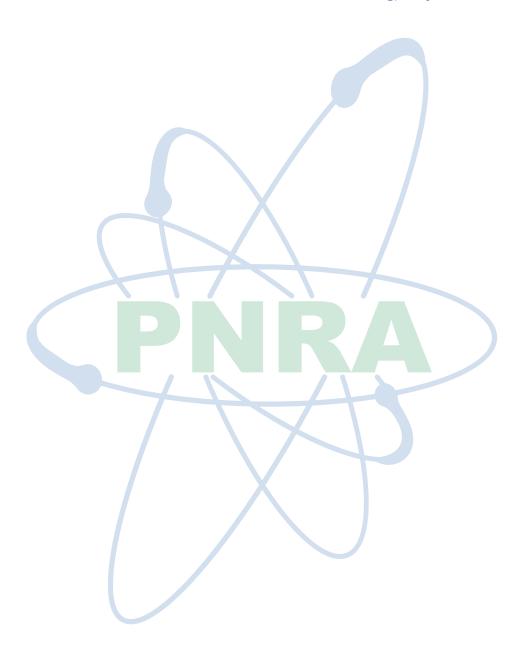
RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009

Email: rnsd1@pnra.org

RNSD-II, Chashma Site, Kundian, District Mianwali

Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org

RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>r</u> Email: rnsd3@pnra.org





1. Particulars of the licensee:

Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR INDUSTRIAL **RADIOGRAPHY**

Name Passport No. (In case of foreign	er licensee)	CNIC No.			
Designation					
Address:			Contact N	lo.	
			Fax No.		
			E-mail		
2. <u>License information</u> :					
a. Date of Registration with PN	IRA	N 11 11			
b. License No.			ty of License		
3. Any addition/reduction in radio	active materi	ial/radiation ge	enerator:		
Yes No 🗆					
If Yes:					
a. Provide details of sealed ra	adio o otivo ya	atarial/aauraau			
a. Provide details of sealed ra					
Radionuclide(s) Source Mode	Manufactu			Country	Addition/
ID. No. No.		Referen Date	ce of SRS	of Origin	Reduction
		Date		Origin	
b. Provide details of gamma p	rojectors:				
Sr./ID. No. Model No. Mar		Shielding	Country of	Addition/	Reduction
	V	Material	Origin		
		X			
c. Provide details of radiation	generators:				
Sr./ID. No. Model Manufact		mum Maxin	- ,	Addition/	Reduction
No.	Volta	9			
	(k\	/) (m	A)		
4. Any change in particulars	of Emplo	oved Profes	sionals (Radia	ation Pro	tection
Officer(s)/Radiation Worker(s)		<u>oyea 110100</u>	oloridio (rtddic	20011 110	tootion
Yes ☐ No ☐					
If Yes:					
11 100.					

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left Joined
5. Status of p	revious inspection	recommendations	<u>3</u> :			
6. Reference	/brief of radiation i	ncident/accident o	ccurred o	during previous	licensing perio	d (if
7. License Fee	a Information:					
		ay be submitted via	a Ackari	Rank (All bran	nches) The As	kari
bank	challan may be	obtained from res	pective	Regional Direc	ctorate or may	be
downl	oaded from: https	://www.pnra.org/ba		nActivityType.a	<u>isp</u>	
		0				
Financ	e PNRA, Islamak	be submitted via F	de the fo	lowing details:		ctor
		t No.:				
Na	me of the Bank:					
		the particulars g				
knowledge ar Regulations f	nd belief and I und for the Licensing	dertake to abide by of Radiation Facili	the provity (ies)	visions of PNR/ other than Nuc	A Ordinance - : :lear Installatio	2001, n(s) -
PAK/908, all	other applicable	e PNRA Regulati	ions, reg	gulatory orders	s, imposed lic	cense
	d directives issued revisions issued t	d by the Authority f hereto.	rom time	to time includi	ng any guidelin	es or
		O		4		
		Sigi	nature of	the Licensee: Dated:		
				Dated.		
				Stamp of Office	:	
	Ü	ments are attached				
		dose record of rad ve material/radiation			Yes □ No Yes □ No	
iii. List of updat	ed/revised docum	ents e.g. RPP, etc.	(if any)	,	Yes 🔲 No	. 📋
		ointed radiation wo ertificate of newly a			Yes ☐ No Yes ☐ No	=
	ank Draft/Copy of		appoil ite	` '	Yes No	=

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

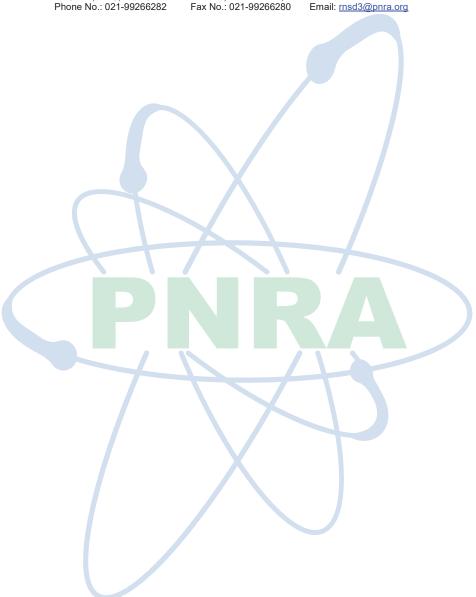
RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009

Email: rnsd1@pnra.org

RNSD-II, Chashma Site, Kundian, District Mianwali

Email: rnsd2@pnra.org Phone No.: 0459-924294 Fax No.: 0459-924308

RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>r</u>





Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR USE OF NUCLEAD / Y. DAV CAUGE

					100	<u> </u>	/\- /\.	<u> </u>	<u> </u>	<u> </u>			
1	I. <u>Partic</u>	ulars of	the lice	nsee:									
	Name						CN	IC No.					
	Passpo	rt No. (In case o	of fore	igner	licensee)						
	Design												
	Addres	S:								Contact Fax No.	No.		
										E-mail			
2.	License	e inform	nation:						/				
_[gistratio	n with	PNRA	Δ							
		ense No		VVICIT	1 1410		C.	Valid	ity of	License			
3.	Any ad	ldition/re	eduction	in nu	clear/x	k- ray ga	uge:						
	Yes		No				/						
	If Yes:												
	a. Pro	ovide de	tails of r	nuclea	r gaud	ne:							
F	Туре		uclide(s)				Manu	Activit	V	Category	Country	hΑ	dition/
	(Fixed/	radion	uonuo(o,	No.	00 10.	No.	factur	with	-	of SRS	of Origin		duction
	Mobile)			4			er	Refere	ence				
ŀ								Date					
ŀ													
4													
	b. Prov	vide det	ails of X	-ray g	auge:								
	Туре	Sr./	ID. Mo	odel	Man	ufacture	r Ma	ximum	Ma	aximum	Country	Add	lition/
	(Fixed/	No.	No).	\			oltage	(Current	of Origin	Rec	luction
L	Mobile)							(kV)		(mA)			
L								\checkmark					
										7			
4.	Any o	change	in pa	articula	ars c	of Emp	loved	Profe	ssion	als (Rac	diation Pr	otec	tion
	Officer	(s)/Rad	iation W	orker(s) etc.	<u>.)</u> :	A			,			
	Yes		No										
	If Yes:												
	Provide	e details	below:										
	Name		Design	ation	CNI	C No.		Age	Qua	alification	Experience	ce/	Left /
ļ											Training		Joined
ļ													
L													

5.	Status of prev	rious inspection r	ecommenda	ations:				
6	Deference/bri	of of radiation in	oidont/oosid	ant annured dur	ina provin	ua liaanaina	noriod :	/: £
0.	any):	ef of radiation in	cideni/accidi	ent occurred dur	ing previo	us licensing	<u>Jeriou i</u>	<u>(11</u>
								
_								
7.	License Fee I							
	bank cha	renewal fee may allan may be ob ded from: <u>https://</u>	otained from	respective Re	gional Dir	rectorate or		
				OR				
		enewal fee may b PNRA, Islamaba					Directo	or
	Pay O	rder/Bank Draft I	Vo.:					
	Amour	nt:						
	Date:.							
	Name	of the Bank:						
R P c	Regulations for PAK/908, all of onditions and d	pelief and I unde the Licensing of ther applicable irectives issued I visions issued the	Radiation I PNRA Reg by the Author	Facility (ies) oth gulations, regul	er than Natory ord	luclear Insta ers, impose	llation(: d lice	s) - nse
				Signature of th	e License	e:		_
					Date	ed:		_
				Sta	amp of Off	ice:		_
i. l ii. l iii. l iv. (v. (Updated list alo Updated invento List of updated/ Copy of CNIC(s Qualification an	following docum ng with annual d ory of radioactive revised documer s) of newly appoint d experience cer to Draft/Copy of B	ose record of material/rad nts e.g. RPP nted radiatio tificate of ne	of radiation work diation generato , etc. (if any) n workers ewly appointed w	ers r	Yes	No No No No No	
		nental sheets when					rm alon	ıg
Fα	or details please o	contact your respec	ctive Regiona	l Nuclear Safety (Directorate	(RNSD):		
	• RNSD-I, F	PNRA Headquarte	r, Mauve Area		ad	sd1@pnra.org	1	
	 RNSD-II, 	Chashma Site, Ku b.: 0459-924294	ndian, Distric			sd2@pnra.org	•	
		42 C, 24th Comm o.: 021-99266282		Phase II Ext, DH/ 021-99266280	A Karachi	sd3@pnra.org		



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR IRRADIATION

AFFLIC	<u> </u>	W 7 O/1	1/// / C	// / / / / /	_/ \	7_	OI LIC	/L/V	<u>JL 7 U</u>	7/1 /	MINAL		<u>10/4</u>
1. <u>Pa</u>	rticulars	of the l	icense	<u>e</u> :									
Name						С	NIC No.						
Passpor		n case o	of foreig	gner lice	ensee)								
Designa													
Address	; :								Conta		0.		
									Fax N E-mai	_			
2 1:	- :	4!							L-IIIai				
2. <u>Licens</u>		•											
	of Reg	istration	with P	NRA		С	\/alid	ty of	License				
						_				7			
3. <u>Any ac</u>	idition/r		ın rad	ioactive	e materia	al/ra	idiation g	enera	ator:				
Yes	Ш	No											
If Yes:													
a. Pro	ovide de	etails of	radioad	ctive ma	aterial/so	ourc	e:						
Type of	Radio	nuclide(s	s) ID.	Mode	el Man	uf-	Activity	with	Categ	ory	Country		ddition/
Irradiator			No.	No.	actu	rer	Referer	ice	of SR	S	of	R	eduction
			1				Date				Origin		
			-		7								
			-)					
										<u> </u>			
b. Pro	vide det	ails of ra	adiation	n gener	ator:								
Type of	Sr./I	D. N	/lodel	Manuf	acturer	Ma	aximum	Volta	ige of	Со	untry of	Ad	dition/
Irradiator	No.	N	lo.			Ra	adiation A	ppar	atus	Ori	gin	Re	duction
							$\overline{}$						
					_		<i>-</i> />						
4. Any	change	in paid	articula	ers of	Emplo	yed	Profes	ssion	als (R	adia	ation P	rotec	<u>tion</u>
·	(s)/Rau		orker(s	<u>s) etc.)</u> .									
Yes	Ш	No	Ш										
If Yes:													
Provide	e detail:	s below:											
Name		Design	nation	CNIC	No.		Age	Qua	lificatio		Experien	ce/	Left /
										_	Training		Joined

5.	Status of previous	ous inspection	on reco	ommendation	<u>s</u> :				
6.	Reference/brie any):	f of radiation	incide	ent/accident o	ccurrec	d during previo	ous licensing	period	<u>(if</u>
7.	License Fee In	formation:							
		llan may be	obtai	ned from res	spective	a ri Bank (All be Regional D llanActivityTyp	irectoraté or		
				C	R				
	b) License rer Finance Pl	newal fee ma NRA, Islama	ay be sabad".	submitted via . Please provi	Pay Order	der/Bank Draf following deta	t in favor of " ils:	Direct	or
	Pay Ord	der/Bank Dra	aft No.	:					
	Amoun	t:							
	Name o	of the Bank:.							
Re P/	nowledge and be egulations for the AK/908, all othe onditions and dir mendments/revis	he Licensing her applicat rectives issu	of Rable PN ed by	adiation Facil NRA Regulat the Authority	ity (ies ions, r) other than i egulatory ord	Nuclear Insta ders, impose	Illation ed lice	(s) - ense
				Sig	nature	of the License	e:		_
						Dat	ed:		
						Stamp of Of	fice:		
Ple	ease check the f	ollowing doc	umen	ts are attache	d/subm	nitted:			
i. L ii. L ii. L v. C v. C	Jpdated list and Jpdated inventor ist of updated/re Copy of CNIC(s) Qualification and Pay Order/Bank	occupationary of radioac evised docur of newly ap experience	il expo tive m nents pointe certific	sure data of vaterial/radiations. RPP, etc d radiation wo cate of newly	vorkers on gene (if any) orkers	erator)	Yes	No No No No No	
	te: Use suppleme h above mentione							rm alo	ng
For	r details please co	ontact your re	spectiv	e Regional Nuc	clear Sa	fety Directorate	(RNSD):		
	Phone No.	: 051-926301	9	lauve Area, G- Fax No.: 051- an, District Mia	926300		nsd1@pnra.org	1	
	Phone No.	: 0459-92429	4	Fax No.: 0459	9-92430		nsd2@pnra.org	1	
		42 C, 24th Co : 021-992662		ial Street, Phas Fax No.: 021-			nsd3@pnra.org	1	



any):

Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR OIL WELL **LOGGING**

1. Particulars of	the licens	ee:							
Name	-			CN	IIC No.				
Passport No. (I	n case of	foreigne	r licensee)						
Designation									
Address:							Contact I	No.	
							Fax No.		
							E-mail		
2. <u>License inforn</u>									
a. Date of Reg		with PNF	RA		N/ II				
b. License No.				C.		lity of	License		
Any addition/r	eduction i	in radioa	ctive materia	l/so	urce:				
Yes	No								
If Yes:									
Provide details of	sealed ra	dioactiv	e material/so	urce	:				
Radionuclide(s)	Source	Model	Manufactur	Α	ctivity	with	Category	Country	Addition/
	ID. No.	No.	-er		eferenc	е	of SRS	of	Reduction
				D	ate			Origin	
4. Any change	in par	rticulars	of Employ	/ed	Profe	ssior	nals (Radi	ation Pro	tection
Officer(s)/Rad						7			
Yes	No								
If Yes:		_							
Provide detail	s below:								
Name	Designa	ation C	NIC No.		Age	Qu	alification	Experience	e/ Left /
					3			Training	Joined
5. Status of prev	ious inspe	ection re	commendation	ons:					
6. Reference/bri	ef of radia	ation inci	dent/accident	oco	curred o	durino	previous I	icensina pe	eriod (if

7 License Fee Information:	
 License Fee Information: License Fee Information: License renewal fee may be submitted via Askari Bank (All branches). The As bank challan may be obtained from respective Regional Directorate or may downloaded from: https://www.pnra.org/bankChalanActivityType.asp 	
OR	
b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of "Direct Finance PNRA, Islamabad". Please provide the following details:	ctor
Pay Order/Bank Draft No.:	
Amount:	
Date:	
Name of the Bank:	
I, hereby, affirm that all the particulars given above are correct to the best of knowledge and belief and I undertake to abide by the provisions of PNRA Ordinance - Regulations for the Licensing of Radiation Facility (ies) other than Nuclear Installation PAK/908, all other applicable PNRA Regulations, regulatory orders, imposed lice conditions and directives issued by the Authority from time to time including any guideling amendments/revisions issued thereto.	2001, n(s) - cense
Signature of the Licensee:	
Dated:	
Stamp of Office:	
Please check the following documents are attached/submitted:	
i. Updated list along with annual dose record of radiation workers ii. Updated inventory of radioactive material/radiation generator iii. List of updated/revised documents e.g. RPP, etc.(if any) iv. Copy of CNIC(s) of newly appointed radiation workers v. Qualification and experience certificate of newly appointed worker(s) vi. Pay Order/Bank Draft/Copy of Bank Challan	
Note: Use supplemental sheets where necessary. Mail the completely filled Application Form all with above mentioned documents to the concerned Regional Directorate of the Authority.	ong
For details please contact your respective Regional Nuclear Safety Directorate (RNSD):	
RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019	
 RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org 	



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR GAMMA/ X-RAY **SCANNING**

1. Particulars	of the lice	nsee:						
Name				CNIC No.				
Passport No.	(In case of	of foreig	ner licensee)					
Designation								
Address:						Contact I	No.	
						Fax No. E-mail		
						E-IIIali		
License info								
a. Date of R	egistration	with P	NRA		,			
b. License N						License		
Any addition	n/reduction	<u>ı in radi</u>	oactive materia	<u>l/radiation g</u>	ener	ator:		
Yes [No							
If Yes:								
a. Provide o	details of r	adioacti	ive material:					
Radionuclide(s) Source	Mode	el Manufacture	er Activity	with	Category	Country	Addition/
	ID. No	. No.		Referen		of SRS	of	Reduction
				Date			Origin	
b. Provide o	details of r	adiation	generator:					
Apparatus	Sr./ID.	Model	Manufacture	er Maximu	ım	Maximum	Country	Addition/
Туре	No.	No.		Voltag	е	Current	of	Reduction
				(kV)		(mA)	Origin	
			rs of Employ	yed Profe	ssion	als (Rad	ation Pro	otection _
Officer(s)/R		/orker(s	5)) :					
Yes	No							
If Yes:								
Provide det	ails below:							
Name	Desig	nation	CNIC No.	Age	Qua	alification	Experienc	
							Training	Joined

5.	Status of previous inspection recommendations:
6.	Reference/brief of radiation incident/accident occurred during previous licensing period (if any):
7.	License Fee Information:
	a) License renewal fee may be submitted via Askari Bank (All branches). The Askari bank challan may be obtained from respective Regional Directorate or may be downloaded from: https://www.pnra.org/bankChalanActivityType.asp
	OR
	b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of "Director Finance PNRA, Islamabad". Please provide the following details:
	Pay Order/Bank Draft No.:
	Amount:
	Date:
	Name of the Bank:
R P c	nowledge and belief and I undertake to abide by the provisions of PNRA Ordinance - 2001, tegulations for the Licensing of Radiation Facility (ies) other than Nuclear Installation(s) - AK/908, all other applicable PNRA Regulations, regulatory orders, imposed license onditions and directives issued by the Authority from time to time including any guidelines or mendments/revisions issued thereto.
	Signature of the Licensee:
	Dated:
	Stamp of Office:
PI	ease check the following documents are attached/submitted:
ii. l iii. l iv. (Updated list along with annual dose record of radiation workers Updated inventory of radioactive material/radiation generator List of updated/revised documents e.g. RPP, etc.(if any) Copy of CNIC(s) of newly appointed radiation workers Qualification and experience certificate of newly appointed worker(s) Pay Order/Bank Draft/Copy of Bank Challan
	ote: Use supplemental sheets where necessary. Mail the completely filled Application Form along the above mentioned documents to the concerned Regional Directorate of the Authority.
Fo	or details please contact your respective Regional Nuclear Safety Directorate (RNSD):
	 RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org RNSD-II, Chashma Site, Kundian, District Mianwali
	Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org • RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR USE OF RADIOACTIVE MATERIAL/RADIATION EQUIPMENT IN TEACHING AND RESEARCH

1.	<u>Particular</u>	s of	the li	cens	<u>ee</u> :													
П	Name							(CNIC	No.								
_	Passport No. (In case of foreigner licensee)																	
_	Designatio					-3												
Address:												С	onta	ct N	No.			
'	radiooo.											_	ax No	_	10.			
												Е	-mail					
2.	License in	nforn	natio	<u>n</u> :								'		•				
á	a. Date of	Reg	istra	tion v	vith	PNF	RA											
ŀ	b. License	No.					•		C.	Vali	dity o	of Lic	ense)				
3.	Any addit	ion/r	educ	tion i	n ra	dioa	ctive mater	rial/ı	radia	tion	gene	erato	<u>r</u> :					
	Yes			No														
	If Yes:																	
	a. Provide	e det	tails o	of se	aled	radi	ioactive sou	urce	es:									
R	adionuclide	e(s)	Sou	ırce	Мс	del	Manufactu	rer	Activ	/itv v	with	Cat	egor	V	Country	V	Addition/	
-		-(-)		No.	No				Refe				SRS		of Origi		Reduction	
									Date									
	b. Provid	e det	tails (of un	sea	led ra	adioactive	sou	rces:									
R	Radionuclid	e(s)		Pha	ırma	aceut	tical to be la	abe	led	Ac	tivity	to b	ре ри	ırcl	hased	per	Purpose	
										mc	nth							
	5			,				-	VDI									
	c. Provide	e dei	alls (of rac	diatio	on ge	enerator (X	RD	, XRI	- etc):							
	pparatus	Sr./		Mod		Mar	nufacturer		aximı			ximu			untry		ddition/	
Т	уре	No.		No.					oltage	9		rent		of Origin		R	Reduction	
				(K	V)		(m/	(mA)										
4	Δny cho	ango	in	no	rticu	lare	of Emp	lov.	ad l	Prof	<u> </u>	nale	/P)ad	iation	Dr	otection	
ᅻ.	Officer(s)						oi Lilip	/IO y t	Ju	101	COOK	Jilais	, (15	au	iation	- 1 1	<u>OLOGIOII</u>	
	Yes			No		<u>,,,,,,</u> .												
		_			_	-												

1.5	1/		_
IT.	V	20	•

Provide details below:

Ν	lame	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left Joined			
5.	Status of prev	ious inspectior	n recommendations	<u>;</u> :						
6.	Reference/brid	ef of radiation	incident/accident o	ccurred o	during previous	licensing perio	od (if			
7.	License Fee I	nformation:								
	bank cha	allan may be	ay be submitted via obtained from res ://www.pnra.org/ba	pective	Regional Dire	ctorate or may	skari y be			
			0	R						
	b) License re Finance F	enewal fee may PNRA, Islamat	/ be submitted via F pad". Please provid	Pay Ordo	er/Bank Draft ir llowing details:	n favor of " Dire	ctor			
	Pay O	rder/Bank Draf	t No.:							
	Amour	nt:								
	Name	of the Bank:								
R P aı	nowledge and be egulations for AK/908, all othe	pelief and I und the Licensing er applicable Pl issued by the	I the particulars g dertake to abide by of Radiation Facili NRA Regulations, r Authority from t hereto.	the pro ty (ies) egulator	visions of PNR other than Nu y orders, impos	A Ordinance - clear Installation ed license cond	2001, on(s) - ditions			
			Sig	nature o	f the Licensee:					
					Dated					
					Stamp of Office	e:				
		ŭ	ments are attached							
ii. l iii. l iv. (Jpdated invento List of updated/ Copy of CNIC(s	ory of radioaction of revised documed of newly appearance of the contraction of reviews of the contraction of reviews of the contraction of reviews of the contraction of the contractio	al dose record of rac ve material/radiatio ents e.g. RPP, etc. pinted radiation wo ertificate of newly a Bank Challan	n genera (if any) rkers	ator d worker(s)	Yes No Yes No Yes No Yes No Yes No Yes No Yes No				

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Туре

Device

Sr./ID. No.

Model No.

Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FORIMPORT/EXPORT/TRADE OF RADIOACTIVE MATERIAL/RADIATIONEQUIPMENT/ DEVICES CONTAINING RADIOACTIVE MATERIAL

			<u>RA</u>	<u>DIOA</u>	ACTIVE	MA:	TEF	? <i>[A]</i>	<u>'</u>					
 Particulars 	of the	e licensee:												
Name					CI	NO N	lo.							
Passport No). (In d	case of for	eigner l	licens	ee)									
Designation														
Address:									Cont Fax I		lo.			
									E-ma					
2. License inf	orma	tion:							•	,				
a. Date of F	Regist	tration with	n PNRA	١										
b. License	No.			,	С	. Va	alidi	ty of	Licens	se				
 Any addition Yes If Yes: a. Provide 		No					n ge	ener	ator:					
Radionuclide	(s)	Manufact	urer	Соц	intry of O	rigin	Р	urpo	se		Additio	on/Red	uction	
b. Provide	detai	ls of unsea	aled rac	dioacti	ve sourc	es:					I			
Radionuclide	(s)	Manufacturer		Activity to be procured/ordered per month							rpose Addition/ Reduction			
c. Provide	detai	ls of radiat	tion ger	nerato	r:									
Apparatus Man Type		nufacturer Maximufacturer Volta (kV)			Maximu Current (mA)	0		ntry in	Purpose		Addition/ Reduction		duction	
						\perp								
			-								-			
d. Provide	detai	ls of devic	es cont	aining	radioact	ive m	nate	rial						

Addition/

Reduction

Manufacturer

Shielding

Material

Country

Origin

4.		<u>e in particul</u> idiation Worker		Employed	Profe	ssionals (Rad	diation Prote	ction
	Yes	No [1					
	If Yes:							
	Provide deta	ils below:						
N	lame	Designation	CNIC	No.	Age	Qualification	Experience/ Training	Left Joined
5.	Status of pre	vious inspectio	n recomr	mendations:				
6.	Reference/bi	rief of radiation	incident/	accident occ	curred o	during previous	licensing peri	od (if
	any):							
7.	License Fee	Information:						
	a) License	renewal fee m	ay be su	bmitted via	Askari	Bank (All bra	nches). The A	skari
		nallan may be						y be
	downloa	aded from: https	5.//WWW. <u>L</u>	onra.org/ban OR		nactivity rype.a	<u>asp</u>	
	h) Liconso r	renewal fee ma	v ho subi			or/Bank Draft in	favor of "Dir	octor
		PNRA, Islama					lavoi oi Dii	Cloi
	Pay (Order/Bank Dra	ft No.:					
	Amou	unt:						
	Date:							
	Name	e of the Bank:						
	I hereby	, affirm that a	ll the pa	rticulars giv	en abo	ove are correc	t to the best	of my
	nowledge and	belief and I un	dertake t	to abide by t	he pro	visions of PNR	A Ordinance -	2001,
		the Licensing other applicable						
CC	onditions and	directives issue	d by the					
ar	mendments/re	visions issued	thereto.					
				Signa	ature of	the Licensee:		
						Stamp of Office	e:	

Page 2 of 3

Please check the following documents are attached/submitted:

i.	Updated list along with annual dose record of radiation workers	Yes	П	No	
ii.	Updated inventory of radioactive material/radiation generator	Yes		No	
iii.	List of updated/revised documents e.g. RPP, etc. (if any)	Yes		No	
i۷.	Copy of CNIC(s) of newly appointed radiation workers	Yes		No	
٧.	Qualification and experience certificate of newly appointed worker(s)	Yes		No	
vi.	Pay Order/Bank Draft/Copy of Bank Challan	Yes		No	

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
 Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



etc.):

Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR FULL- FLEDGED MEDICAL CENTRE

. Particula	115 01	the licens	<u>cc</u> .										
Name					С	NIC No.							
Passport I	No. (lı	n case of	foreigne	r licensee	:)								
Designation	on												
Address:								Conta	ct N	0.			
								Fax N	lo.	•			
								E-mai	il				
. <u>License</u>	inforn	nation:											
a. Date of		istration v	vith PNF	RA		c. Validit	v of	Licens					
		+							<u> </u>				
. Any add	ition/r	eduction i	n radioa	ctive mate	erial/ra	adiation ge	ener	ator:					
Yes		No											
If Yes:													
a. Provid		ails of sea	aled rad	ioactive so	ource	(SRS) (the	erap	eutic/ca	alibra	ation/blo	od i	rradia	ation
Radionucli	,	Source	Model	Manufac	turor	A otivity (with	Cotoo	lor.	Countr	, ,	Additi	on/
Radionucii	ue(s)	ID. No.	No.	Mariurac	lurei	er Activity with Category Country Reference of SRS of					, ,	Redu	
		15.110.	140.			Date	00	01 011	0	Origin	Ι.	toda	Otioii
b. Provid	de det	ails of un	sealed r	l adioactive	sour	ces (USR	S)(TI	nerapei	utic/[Diagnost	ic):		
Radionucli				to be lab		Activity to	<i>,</i> ,	•				Purp	വടക
- Cadioriucii	uc(3)	1 Halling	accuticai	to be lab	Cica	Activity to	, 50	purcha	3CU	per mon		i uip	030
c. Provid	de det	tails of rac	diation g	enerator i	n radi	otherapy (LINA	AC, X-ra	ay/C	T Simula	ator	etc.):	:
Apparatus	Sr./I	D. Mode	l Manu	facturer	Maxi			ountry	Ne			Additio	
Туре	No.	No.			Volta	ige/Energy		rigin	Re	furbishe	d F	Reduc	ction
								. 19111			\top		

Apparatus type	Sr./ID. No. of > ray Tub		el Man	ufacturer	Maximum Voltage (kV)		kimum rent	New/ Refurbished	Addition/ Reduction
4. <u>Details o</u> <u>Analyzei</u>		ated eq	uipment	(Gamma	l a/PET Cam	era, [Oose Ca	ibrator/Multic	:hannel
Apparatu s Type	Sr./I.D. No.	Mode I No.	Manufa r	cture C	ountry of O	rigin	Date of (If Req	f Calibration uired)	Addition/ Reductio n
Physicia Technolo Yes If Yes:	inge in p n(s)/Radi ogist(s)et	ologist(s c.): No	s of Em	ployed P al Physici	rofessionals st(s)/Radiat	(Rac	liation O rotection	ncologist(s)/N Officer(s)/Ra	<u>luclear</u> adiation
Name	Des	ignation	CNI	C No.	Age	Qua	alificatior	Experienc Training	e/ Left Joined
6. Status o						during	g previou	s licensing pe	eriod (if
[′] ban	ense rene k challar	wal fee n may b	oe obtair	ned from		Regi	onàl Dire	anches). The ectorate or n	
b) Licer Fina	nse renev	val fee n	nay be si	ubmitted	OR via Pay Ord rovide the fo	er/Bai	nk Draft i	n favor of " D :	irector
F A C	Pay Order Amount: Date:	/Bank D	raft No.:						

knowle Regula PAK/90 condition	dge and belief and I under tions for the Licensing of 08, all other applicable ons and directives issued b ments/revisions issued ther	take to abide by the provis Radiation Facility (ies) oth PNRA Regulations, regul y the Authority from time to	ions of PN er than N atory orde	RA Ordinan uclear Instal ers, impose	ce - 20 lation(d lice	001, (s) - ense
		Signature of th	e Licensee	e:		
			Date	d:		
		Sta	amp of Offi	ce:		
						_
Please	check the following docume	ents are attached/submitted	l:			
ii. Updat iii. List of iv. Copy v. Qualif	ted list along with annual ded inventory of radioactive updated/revised document of CNIC(s) of newly appoint ication and experience cert order/Bank Draft/Copy of Bart	material/radiation generato ts e.g. RPP, etc.(if any) ted radiation workers ificate of newly appointed v	r	Yes	No No No No No No	
	se supplemental sheets where we mentioned documents to the				m alo	ng
For deta	ils please contact your respec	tive Regional Nuclear Safety I	Directorate	(RNSD):		
•	Phone No.: 051-9263019			sd1@pnra.org		
•	RNSD-II, Chashma Site, Kun Phone No.: 0459-924294	Fax No.: 0459-924308		sd2@pnra.org		
•	RNSD-III, 42 C, 24th Comme	ercial Street, Phase II Ext, DH		d3@nnra ord		



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR MANUFACTURING OF RADIOACTIVE SOURCES/RADIATION GENERATOR

1. Particulars of	of the licensee:								
Name			CNI	C No).				
Passport No.	(In case of foreig	ner licensee							
Designation			,						
Address:	1					С	ontact l	No.	
						_	ax No.		
						Е	-mail		
2. <u>License info</u>	<u> </u>								
	egistration with Pl	NRA						_	
b. License N	lo.		C.	Val	idity (of Lic	ense		
3. Any addition	n/reduction in radi	oactive mate	erial/radi	ation	gene	erato	<u>r</u> :		
Yes	□ No □								
If Yes:									
a. Provide	details of radioac	tive material	:						
Type of	Radionuclide(s)		Chemic	al		imun		Use of	Addition/
Radioactive		Form	Form				hat will		Reduction
Source (SRS/USRS)					be	pro batch	cessed `		
(31(3/03(3)					per	Datoi			
b. Provide o	details of radiation	generator:							
Type of	Maximum Curre	nt Maximu	m Volta	age	Use	of Ed	uipmer	nt Additio	n/Reduction
Equipment	(mA)	(kV)		_					
4. Any chang Officer(s)/Ra	ge in particular adiation Worker(s	rs of Emp	ployed	Prof	essic	nals	(Rad	iation Pro	otection
Yes	□ No □	<u> </u>							
If Yes:									
Provide deta	aila balaun								
Name	Designation	CNIC No.		Age	Q	ualifi	cation	Experience	
								Training	Joined

5.	Status of previous inspection recommendations:
6.	Reference/brief of radiation incident/accident occurred during previous licensing period (if any):
7.	License Fee Information:
	a) License renewal fee may be submitted via Askari Bank (All branches). The Askari bank challan may be obtained from respective Regional Directorate or may be downloaded from: https://www.pnra.org/bankChalanActivityType.asp
	OR
	b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of "Director Finance PNRA, Islamabad". Please provide the following details:
	Pay Order/Bank Draft No.:
	Amount:
	Date:
	Name of the Bank:
P	gulations for the Licensing of Radiation Facility (ies) other than Nuclear Installation(s) - K/908, all other applicable PNRA Regulations, regulatory orders, imposed license aditions and directives issued by the Authority from time to time including any guidelines or endments/revisions issued thereto.
	Signature of the Licensee:
	Dated:
	Stamp of Office:
Ple	se check the following documents are attached/submitted:
ii. l iii. l iv. (v. (odated list along with annual dose record of radiation workers odated inventory of radioactive material/radiation generator st of updated/revised documents e.g. RPP, etc.(if any) oppy of CNIC(s) of newly appointed radiation workers ves No ualification and experience certificate of newly appointed worker(s) or Order/Bank Draft/Copy of Bank Challan
	: Use supplemental sheets where necessary. Mail the completely filled Application Form along above mentioned documents to the concerned Regional Directorate of the Authority.
Fo	details please contact your respective Regional Nuclear Safety Directorate (RNSD):
	• RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
	RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
	RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org
	RSD, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9261737 Fax No.: 051-9262019



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR RADIOIMMUNOASSAY

Particulars of the second	ne licensee:						
Name			CN	IIC No).		
Passport No. (In	case of forei	gner licens	see)				
Designation							
Address:					Contact	No.	
					Fax No. E-mail		
					E-IIIali		
2. <u>License inform</u>							
a. Date of Regis	stration with I	PNRA					
b. License No.					alidity of License		
3. Any addition/re	duction in ra	dioactive n	naterial an	d equi	pment:		
Yes	No []					
If Yes:							
a. Provide det	ails of radioa	ctive mate	erial·				
Radionuclide(s)		eutical to b		Λ otiv	ity to be	Durnoso	
Radionuclide(s)	Pharmac	eulicai lo d	e labeled	nurch	hased per month	Purpose	
				p a o.	nacca por monar		
b. Provide deta	ails of equipm	nent:					
			N4 6 4		0 1 0	A . L. L. L /D.	
Apparatus Sr./		odel No.	Manufacti	urer	Country of Origin	n Addition/Re	eduction
140.							
4. Any change	in particul	ars of I	Employed	Prof	essionals (Rad	iation Protec	<u>tion</u>
Officer(s)/Radia	ation Workers	s(s) etc.):					
Yes	No [
If Yes:							
Provide details	below:						
Name	Designation	CNIC No	D.	Age	Qualification	Experience/	Left /
		1		Ĭ		Training	Joined

5.	Status of previous inspection recommendations:
6.	Reference/brief of radiation incident/accident occurred during previous licensing period (if any):
7	License Fee Information:
	a) License renewal fee may be submitted via Askari Bank (All branches). The Askari bank challan may be obtained from respective Regional Directorate or may be downloaded from: https://www.pnra.org/bankChalanActivityType.asp
	OR
	b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of "Director Finance PNRA, Islamabad". Please provide the following details:
	Pay Order/Bank Draft No.:
	Amount:
	Date:
	Name of the Bank:
P.	egulations for the Licensing of Radiation Facility (ies) other than Nuclear Installation(s) - AK/908, all other applicable PNRA Regulations, regulatory orders, imposed license and directives issued by the Authority from time to time including any guidelines or mendments/revisions issued thereto.
	Signature of the Licensee:
	Dated:
	Stamp of Office:
Ple	ease check the following documents are attached/submitted:
ii. L v. C v. C	Jpdated list along with annual dose record of radiation workers Yes No Jpdated inventory of radioactive material/radiation generator Yes No Jist of updated/revised documents e.g. RPP, etc.(if any) Yes No Copy of CNIC(s) of newly appointed radiation workers Yes No Qualification and experience certificate of newly appointed worker(s) Yes No Pay Order/Bank Draft/Copy of Bank Challan Yes No
	te: Use supplemental sheets where necessary. Mail the completely filled Application Form along habove mentioned documents to the concerned Regional Directorate of the Authority.
	r details please contact your respective Regional Nuclear Safety Directorate (RNSD):
	RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
	Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org • RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
	RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR NON-MEDICAL **HUMAN IMAGING**

1.	Particulars of	the	license	ee:															
1	Name						CN	IIC No.									T		Т
F	Passport No. (I	n ca	se of	foreig	ner	licensee)													
[Designation																		
A	Address:										Con	tact	: No).					
											Fax		-						
L											E-m	ail							
2.	License inforn																		
	 Date of Reg 		ation v	vith P	NR/	4													
b	. License No.						C.	Validi	ty c	of Li	cens	se							
3.	Any addition/r	edu	ction i	n rad	iatio	n generat	tor:												
	Yes If Yes:		No																
	Provide details	s of	radiat	ion a	ener	ator.													
T	ype of Radiat						Manı	ıfacture	r	Max	ximu	ım	Ma	axim	num	A	\ddi	ition	1/
	enerator		X-ray			No.				Vol	tage	:	Сι	ırreı	nt	R	edı	ıctic	n
										(kV)		(m	ıA)					
																			_
									+										
4	Any change in	n na	rticula	rs of	Fmr	loved Pro	ofessio	nals (R	adi	atio	n W	orke	er(s	:)).					
••	Yes	. p c.	No			,						0	<u> </u>	<i>,,,</i>					
	res □ If Yes:		NO	Ш															
N	Provide detail: ame	_	elow: esigna	tion	CN	IC No.		۸۵٥		uali	ficat	ion		vno	rien	20/	Ι.	eft	
IN	anie	D	esigna	lion	CIV	IIC IVO.		Age	Q	uali	IICai	.1011		xpe rain		Je/		en oine	h.
													T.	- Call	9		-	01110	
																	-		
5.	Status of prev	ious	inspe	ection	rec	ommenda	ations:												
6.	Reference/brid	ef o	f radia	tion i	ncid	ent occur	red du	ring pre	vio	us I	icen	sing	g pe	erioc	l (if a	any)	C		
																		•	

7. License Fee Information:

a)	License renewal fee may be bank challan may be obta downloaded from: https://ww	ined from respective Re	gional Dire	ectoraté or i	
		OR			
	License renewal fee may be Finance PNRA, Islamabad"				irector
	Pay Order/Bank Draft No	.:			
	Amount:				
	Date:				
	Name of the Bank:				
knowle Regula PAK/9 conditi	, hereby, affirm that all the dge and belief and I underta tions for the Licensing of RDB, all other applicable Pons and directives issued by ments/revisions issued there	tke to abide by the provised adiation Facility (ies) oth NRA Regulations, regulation time to	ions of PNi ier than Ni atory orde	RA Ordinand uclear Install ers, imposed	e - 2001, ation(s) - d license
		Signature of th	e Licensee	:	
			Dated	d::	
		Sta	amp of Offic	ce:	
			•		
Please	check the following documer	nts are attached/submitted	l:		
ii. Updat iii. Copy iv. Qualif	ated list along with annual do led inventory of radiation gen of CNIC(s) of newly appoints ication and experience certif order/Bank Draft/Copy of Bar	erator ed radiation workers icate of newly appointed v		Yes	No
	se supplemental sheets where we mentioned documents to the				m along
For deta	ils please contact your respective	ve Regional Nuclear Safety I	<u> Directorate (</u>	RNSD):	
•	RNSD-I, PNRA Headquarter, Phone No.: 051-9263019 RNSD-II, Chashma Site, Kund	Fax No.: 051-9263009 ian, District Mianwali	Email: rns	d1@pnra.org	
	Phone No.: 0459-924294	Fax No.: 0459-924308	Email: <u>rns</u>	d2@pnra.org	

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RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR USE OF **NUCLEAR/X-RAY ANALYZER/DETECTOR**

1. Particular	rs of t	he licens	<u>ee</u> :																	
Name							CN	IIC N	lo.											_
Passport N	lo. (Ir	case of	forei	gner	licen	see)												1		
Designation	n																			
Address:												Conta	act I	No.						
											\vdash	Fax N								
												E-ma	il							
2. <u>License i</u>																				
		istration v	vith F	PNRA	4															
b. License	e No.						C.	Va	lidit	y of	Li	cense	Э							_
3. Any addit	tion/re	eduction i	n nu	clear	/x-ra	y analy	/zer/	dete	ctor	:										
Yes		No]																
If Yes:																				
a. Provi	de de	tails of nu	uclea	ır ana	alyze	r/detec	ctor:													
Type of	Rac	lionuclide	(s)	Sou	ırce	Manu	factu	ırer	Ini	tial		Pres	ent	Co	ountr	у	Ado	ditio	n/	1
Analyzer				ID.	No.					ctivit	У	Activ	/ity	of			Re	duc	tion	
/Detector	/Detector								wi			with		10	igin					
									Da	ate		Date	;							-
																				1
h Dravid	a dat	aila af V I	2011	ا م م ا	/70 r/l	Datast	۰													۷
b. Provid																				
Type of		/ID.	Мо		Mai	nufactu	ırer	Max				/laxim			ountr	, ,	Ado			
Analyzer	No		No					Vol		Э		Currer	nt	of			Re	duc	tion	
/Detector								(kV)		_(mA)		Oi	rigin					4
4. Any char	ao in	particula	rc of	Emr	lovo	d Drofe	occio	nale	(D	adia	tio	n \//o	rko	r(c)).						۷
	ige iii		15 01	<u> </u>	лоус	u FIOIE	555IC	паіъ	(170	auia	liO	11 000	INCI	(5)).						
Yes		No		J																
If Yes:																				
Provide o	details	s below:																		
Name		Designa	tion	CN	IIC N	0.		Ag	е	Qu	ali	ficatio	on		erien	ice/		Lef		Ī
														Trai	ning		1	Joi	ned	
																	T			
																				-

5. Status of previous inspection recommendations:

Reference/brief of radiation incident/accident occurred during previous licensing p any):	eriod (if	<u>f</u>
		
7. <u>License Fee Information</u> :		
a) License renewal fee may be submitted via Askari Bank (All branches). The bank challan may be obtained from respective Regional Directorate or a downloaded from: https://www.pnra.org/bankChalanActivityType.asp		
OR		
b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of "D Finance PNRA, Islamabad". Please provide the following details:		٢
Pay Order/Bank Draft No.:		
Amount:		
Date:		
Name of the Bank:		
PAK/908, all other applicable PNRA Regulations, regulatory orders, imposed conditions and directives issued by the Authority from time to time including any guid amendments/revisions issued thereto.	lelines (or
Signature of the Licensee:		_
Dated:		-
Stamp of Office:		-
		-
Please check the following documents are attached/submitted:		
i. Updated list along with annual dose record of radiation workers ii. Updated inventory of radioactive material/radiation generator iii. List of updated/revised documents e.g. RPP, etc.(if any) iv. Copy of CNIC(s) of newly appointed radiation workers v. Qualification and experience certificate of newly appointed worker(s) vi. Pay Order/Bank Draft/Copy of Bank Challan	No [No [No [No [No [
Note: Use supplemental sheets where necessary. Mail the completely filled Application Forwith above mentioned documents to the concerned Regional Directorate of the Authority.	n along	l
For details please contact your respective Regional Nuclear Safety Directorate (RNSD):		
RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad		
Phone No.: 051-9263019		
RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org		

Annexure III: Application Forms for Obtaining Specific Authorization

- 1-C: Application form to obtain No Objection Certificate (NOC)* for the import of radiation generator
- ii. 2-C: application form to obtain No Objection Certificate (NOC)* for the import of radioactive sources(s)/material/container
- iii. 3-C: Application form to obtain No Objection Certificate (NOC)* for local purchase of radioactive material/radiation generator
- iv. 4-C: Application form to obtain No Objection Certificate (NOC)* for the export of radiation generator
- v. 5-C: Application form to obtain No Objection Certificate (NOC)* for the export of radioactive source(s)/material/container
- vi. 6-C: Application form to obtain No Objection Certificate (NOC)* For The reuse of Disused Sealed Radioactive Source (DSRS)
- vii. 7-C: Application form to obtain authorization for transfer/sale of radioactive source/radiation generator
- viii. 8-C: Application form to obtain authorization for transfer of radioactive material to radioactive waste management facility
- ix. 9-C: Application form to obtain authorization for decommissioning of radiation facility
- x. 10-C: Application form to obtain authorization for clearance of radioactive material
- xi. 11-C: Application form to obtain authorization for health screening/biomedical research
- xii. 12-C: Application form to obtain authorization for modification* at radiation facility
- xiii. 13-C: Application form to obtain authorization for Transfer of/Amendment/Change in license
- xiv. 14-C: Application form to obtain authorization for surrender of license
- xv. 15-C: Application form to obtain authorization for transit/ transport of radioactive material/contaminated items
- xvi. 16-C: Application form to obtain import permit for the procurement of radiation source



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

	<u>AP</u>				BTAIN NO OB			
1	Parti	(NOC)* I iculars of the		: IMPC	ORT OF RADIA	<u>ITION GEI</u>	<u>VERATOR</u>	
١.	Nam		LICCHSCC.		CNIC No.			
		e port No. (In d	rase of fore	ianer lic				
		gnation	base of forc	igner ne	crisce)			
	Addr	,				Contact No).	
						Fax No.		
						E-mail		
2.		nse Informati						
		ate of Regis	tration with					
	b. L	icense No.			c. Validity o	of License		
3.	Tech	nnical Specifi	cation:					
	Sr.	Type of	Sr./ID.	Model	Manufacturer	Maximum	Maximum	New/
	No.	Radiation	No. of X-	No.	& Date of	Voltage	Current	Used
		Generator	ray Tube		Manufacturing	(kV)	(mA)	
4.	Adm	inistrative Inf	formation:		•			•
	a. P	urpose of im	port					
	b. E	xpected date	of import					
		lame & addre	ess of					
		xporter lame & addre	on of					
		upplier	ess oi					
	e. C	ountry of orio	gin					
		lode of shipn Air/Sea/Land						
5			/	of Radia	ation Generator:			
٠.		lress includin						
	(Add	a coo incidunt	ig ronan a	(امانانان				

6. Any other Information:				
7. <u>Authorization Fee Information</u> :				
 Authorization fee may be submitted via Askari Bank (and challen may be obtained from respective Regional Direstrom: https://www.pnra.org/bankChalanActivityType.as 	ctorate o			
OR				
 b) Authorization fee may be submitted via Pay Order/Ba Finance PNRA, Islamabad". Please provide the follow 			of "Di	rector
Pay Order/Bank Draft No.:				
Amount:				
Date:				
Name of the Bank:				
I hereby confirm that all the particulars given by me in correct.	this app	lication	are tru	e and
Signature of th	e License	ee:		
Ŭ				
Star	np of Offic			
Stall	iip oi Oilii			
Please check the following documents are attached/submitted:				
. Airway bill/bill of lading	Yes		No	
. Commercial invoice	Yes		No	
. Packing list . Technical specification sheet of radiation generator	Yes Yes	H	No No	H
Sale/stock report of radiation equipment in case of importers	Yes	Ħ	No	Ħ
. Fitness certificate in case of used/refurbished	Yes		No	
radiation generator	Yes	П	No	
Pay Order/Bank Draft/Copy of Bank Challan	res	Ш	INO	
* NOC is granted to registered/license holder of PNRA				
Note: Use supplemental sheets where necessary. Mail the complet with above mentioned documents to the concerned Regional Director				along
For details please contact your respective Regional Nuclear Safety D	irectorate	(RNSD)	:	
• RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad			_	

Page 2 of 2

Email: rnsd2@pnra.org

Email: rnsd3@pnra.org

FORM NO. 1-C

• RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: ma

Fax No.: 0459-924308

Phone No.: 0459-924294



1. Particulars of the Licensee:

Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN NO OBJECTION CERTIFICATE (NOC)* FOR THE IMPORT OF RADIOACTIVE SOURCES(S)/MATERIAL/CONTAINER/ **DEVICES CONTAINING RADIOACTIVE MATERIAL**

	Nam	ne	CNIC N	lo.								
	Pass	sport No. (In case of foreigner licens	see)			,				,		
	Desi	ignation										
	Addr	ress:				С	ont	act	No.			
						_		No.				
						E	-ma	ail				
2.	Lice	ense Information:										
	a. D	Date of Registration with PNRA										
ļ	b. L	License No.	c. V	alidi	ty (of Lic	ens	se				
3.	Tech	hnical Information:										
	i.	Name of radioactive source(s)/ma	aterial									
	ii.	Name of device containing radioa										
	iii.	Radioactive source(s) identification copy of manufacturer certificate(s). alo	ng	with						
	iv.	Sealed or unsealed										
	٧.	Physical form of source(s)/materia	al									
	vi.	Chemical composition										
	vii.	Number of radioactive sources all each source or total quantity of ra at the time of import	idioacti	ve m	ate	erial						
	viii.	Certificate of package/container a Transport Regulations (PAK/916)		ng to	PI	NRA						
	ix.	Identification mark of the package	e/contai	ner								
	Χ.	Type of the package/container										
	xi.	Category of the package/containe	er									
	xii.	Transport index										
	xiii.	United Nations number with prope	er shipp	oing	na	me						
4.	Adm	ninistrative Information:										
	i.	Purpose of import										
	ii.	Expected date of import										
	iii.	Name and address of exporter										
	iv.	Country of origin										
	٧.	Mode of shipment (Air/Sea/Land)										
•												

	vi.	Arrangements for safe transportation of radioactive source(s)/material/device from the port of entry to the proposed site of the establishment				
	vii.	Arrangements for storage of radioactive source(s)/material				
	viii.	Security measures during transport, storage and usage				
	ix.	Arrangements for the disused source(s)				
5.	Any	other Information:				
6.	Auth	norization Fee Information:				
	b) <i>i</i>	Authorization fee may be submitted via Askari Bank (Achallan may be obtained from respective Regional Directorm: https://www.pnra.org/bankChalanActivityType.as OR Authorization fee may be submitted via Pay Order/Bar Finance PNRA, Islamabad". Please provide the following	ctorate or <u>P</u> nk Draft i	· may b n favoi	e downl	oaded
		Pay Order/Bank Draft No.:				
		Amount:				
		Date:				
		Name of the Bank:				
		hereby confirm that all the particulars given by me in				
CO	rrect.	Signature of the	e License	e:		
		, and the second				
		Stam	np of Offic	· ·		
		Stair	ip or Onic	,c		
		check the following documents are attached/submitted:		_		_
		/ay bill/bill of lading king list	Yes Yes	H	No No	H
		nmercial invoice	Yes	H	No	H
		nufacturer's source certificate	Yes		No	
		cial form certificate of sealed radioactive source	Yes		No	
		pper's declaration of dangerous goods kage design certificate	Yes Yes	H	No No	H
		y of issued permit	Yes	H	No	H
		ertaking from manufacturer or supplier to accept	Yes		No	
,		ne return of the source(s) after useful life Order/Bank Draft/Copy of Bank Challan	Yes		No	
* <u>N</u>	IOC is	s granted to registered/license holder of PNRA				
		se supplemental sheets where necessary. Mail the complete ve mentioned documents to the concerned Regional Director				along

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

• RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org

FORM NO. 2-C

• RNSD-II, Chashma Site, Kundian, District Mianwali

Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>

• RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi

Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN NO OBJECTION CERTIFICATE (NOC)* FOR LOCAL PURCHASE OF RADIOACTIVE

	.	MA	ATERIA	L/RAL	DIATION	GEI	NERA	TOF	?							
1. <u>Pa</u>	rticulars of th	e Lice	nsee:													
Nar	me			(CNIC No.											
	ssport No. (Ir	case	of foreigr	ner licen:	see)											
Des	signation															
Add	dress:						Conta).							
							Fax N E-mai									
2 Lio	ense Informa	ation:					L-111411									
			=													
	Date of Reg License No.	stratio	on with Pi	NRA	c. Validity	of Li	cense									
3. Pa	rticulars of M	anufa	cturer/Su	pplier:	, · - · · · · · · · · · · · · · · · ·											
Nai					PNRA Lice	nse N	lo									
	dress:						Conta	ct No).							
					Fax N	0.										
								E-mail								
	NTN No. (if any)															
4. <u>Te</u>	chnical Inforr	nation	of Radio	active M	laterial/Rac	liatior	<u>Gener</u>	ator:								
a.	Unsealed R	adioa	ctive Sour	rce (USF	RS)											
Sr.	Radionucli	de(s)	Pharma	ceutical	Manufac	ture	Activit	y to	be	Pur	ose					
No.			to be La	abeled	r		Purch									
							week/	mon	th							
b.	Sealed Rad	ioactiv	e Source	(SRS)	-											
Sr.	Radionucli	de(s)	Source	Model	Manufac	ture	Refere	ence	Cate	vroc	Pur	oos				
No.		(-)	ID. No.	No.	r		Activit		of SF		е					
							with D	ate								
	David attack		4													
C.	Radiation G	_				1				1						
Sr. No.	71			Model No	Manufact-		ximum		ximum		New.					
INO.	Generator		Tube	NO.	urer		oltage (kV)		ırrent mA)	Re	TUIDIS	snea				
	Contrator	lay	. 450			 	/		\)							

5. Arrangements for Safety and Security during Transport of Radioactive Material:

with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
- Fax No.: 051-9263009 Phone No.: 051-9263019 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
- Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
- Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN NO OBJECTION CERTIFICATE (NOC)* FOR THE EXPORT OF RADIATION GENERATOR

1.	Part	iculars of the Licens	<u>ee</u> :				
	Nam	е		CNIC No	.		
	Pass	sport No. (In case of	foreigner lice				
		gnation	Ü	,			
Ì	Addr	-			Co	ontact No.	
						ax No.	
					E-	mail	
2.		nse Information:					
	a. Da	ate of Registration w	rith PNRA				
ļ	b. Li	cense No.		c. Va	lidity of Lice	ense	
3.		hnical Information:					
	Sr.	Type of Radiation	Sr./ID. No.	Model	Manufac		Maximum
	No.	Generator	of X-ray Tube	No.	-urer	Voltage (kV)	Current (mA)
			Tube			(KV)	(IIIA)
1	Δ .1						
4.		ninistrative Information	<u>on</u> :				
-	i.	Purpose of Export					
L	ii.	Expected date of E	Export				
L	iii.	Name and address	s of Consigne	ee			
	iv.	Country of destina	tion				
	٧.	Name and address	of carrier/ag	ent			
	vi.	Mode of shipment	(Air/Sea/Lan	d)			
5.	Any	other Information:					

6. <u>Authorization Fee Information</u> :
 Authorization fee may be submitted via Askari Bank (All branches). The Askari bank challan may be obtained from respective Regional Directorate or may be downloaded from: https://www.pnra.org/bankChalanActivityType.asp
OR
b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of "Director Finance PNRA, Islamabad". Please provide the following details:
Pay Order/Bank Draft No.:
Amount:
Date:
Name of the Bank:
I hereby confirm that all the particulars given by me in this application are true and correct.
Signature of the Licensee:
Stamp of Office:
Please check Pay Order/Bank Draft/Copy of Bank Challan Yes \(\Boxed{1} \) No \(\Boxed{1} \)

* NOC is granted to valid license holder of PNRA

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Fax No.: 051-9263009 Phone No.: 051-9263019
- Email: rnsd1@pnra.org • RNSD-II, Chashma Site, Kundian, District Mianwali
- Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
- Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN NO OBJECTION CERTIFICATE (NOC)* FOR

	<u>DEVICES CONTAINING RADIOAC</u>							•		
. <u>Par</u> l	iculars of the Licensee:									
Nam										
	sport No. (In case of foreigner licensee)									
	gnation									
Addi	ress:		ntac x No	-	10.	.				_
			nail	•						
Lice	nse Information:									
а. [Date of Registration with PNRA									
b. L	icense No. c. Validity of Lice	ense	!							_
Tec	hnical Information:									
i.	Name of radioactive source(s)/material									
ii.	Name of device containing radioactive material									
iii.	Radioactive source(s) identification no(s). along w copy of manufacturer certificate(s)	vith								
iv.	Sealed or unsealed									
٧.	Physical form of source(s)/material									
vi.	Chemical composition									
vii.	Number of radioactive sources along with Activity each source or total quantity of radioactive materiat the time of export									
viii.	Certificate of package/container according to PNF Transport Regulations (PAK/916)	RA								
ix.	Identification mark of the package/container									
Χ.	Dose rate at the surface of package/container									
xi.	Transport Index									
xii.	Category of the package/container									
xiii.	Type of the package/container									
xiv.	Design validity certificate of the package/contained	er								
XV.	United Nations Number with proper Shipping Nan	ne								
xvi.	Wipe Test (Bq/cm²) of Package a. Dry b. Wet									
Adn	ninistrative Information:									
i.	Purpose of Export									

ii.	Expected date of Export				
iii.	Name and address of Consignee				
iv.	Country of destination				
٧.	Name and address of carrier/agent				
vi.	Mode of shipment (Air/Sea/Land)				
vii.	Arrangements for safe and secure transportation of radioactive source(s)/material/device from the establishment to the port of exit				
5. <u>An</u>	other Information:				
 6. <u>Aut</u>	horization Fee Information:				
a)	Authorization fee may be submitted via Askari Bank (A challan may be obtained from respective Regional Directors: https://www.pnra.org/bankChalanActivityType.asp	torate or			
	OR				
b)	Authorization fee may be submitted via Pay Order/Ban Finance PNRA, Islamabad". Please provide the following			of "Di	rector
	Pay Order/Bank Draft No.:				
	Amount:				
	Date:				
	Name of the Bank:				
correct	I hereby confirm that all the particulars given by me in .	this app	olication	ı are trı	ue and
	Signature of the	License	e:		
		Date	d:		
	Stam	p of Offic	e:		
		'			
معدمات	check the following documents are attached/submitted:				
	nufacturer's source certificate	Yes		No	
(for	only sealed radioactive source(s))	103	Ш	140	Ш
	ecial form certificate of radioactive source	Yes		No	
	pper's declaration of dangerous goods ckage design certificate	Yes Yes	\Box	No No	H
	horization/NOC issued by destination country	Yes		No	
(up	to category-3 sealed radioactive source)		_		
vi.Pa	/ Order/Bank Draft/Copy of Bank Challan	Yes		No	Ш
NOC i	s granted to valid license holder of PNRA				
Note: U	se supplemental sheets where necessary. Mail the completely	filled App	lication	Form ale	ong with

above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali

FORM NO. 5-C

Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org

• RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi

Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN NO OBJECTION CERTIFICATE (NOC)* FOR THE REUSE OF DISUSED SEALED RADIOACTIVE SOURCE (DSRS)

Add	ignation ress:					Canta	ot No	
	ress.					Conta Fax N		
						E-mail		
Lic	ense infor	mation:						
а. [Date of Re	gistration w	ith PNRA					
	License No			c. Valid	ity of Li	cense		
Info	ormation a	bout DSRS	to be reuse	ed:				
Rad	ioisotope	Source ID No.	Reference with date	ce Activity	Categ SRS	ory of	Physical Form	Designed (Purpose
Λ.Ι		. /T l	·					
Ad	ministrativ	e/Technical	intormation	<u> :</u>				
i. Purpose of reuse of DSRS								
	Detailed	justification	for reuse of	DSRS:				
ii.								
		the facility f	rom which [OSRS is to	be			
iii.	Name of obtained	the facility i	IOIII WIIIOII L					
iii.	obtained	transfer/ship						
	obtained Mode of Arranger	transfer/ship	oment (Air/S	Sea/Land) e transporta				
iv.	Mode of Arranger DSRS fro Whether	transfer/ship	oment (Air/S e and secure ing facility to	Sea/Land) e transporta o the new f	acility actice			
iv.	obtained Mode of Arranger DSRS fro Whether device is If yes, att i. Mod	transfer/ship ment for safe om the exist any modific required? tach the folk	oment (Air/S e and securing facility to ation in the owings: d its justifica	Sea/Land) e transports to the new for existing pro Yes /	acility actice No			
iv.	obtained Mode of Arranger DSRS fro Whether device is If yes, att i. Mod ii. Cert	transfer/ship ment for safe om the exist any modific required?	oment (Air/S e and securing facility to ation in the owings: d its justifica relevant org	Sea/Land) e transports to the new for existing pro Yes /	acility actice No			
iv.	obtained Mode of Arranger DSRS fro Whether device is If yes, att i. Mod ii. Cert pers	transfer/ship ment for safe om the exist any modific required? tach the foll lification and	oment (Air/S e and securing facility to ation in the owings: d its justifica relevant org that such m	Sea/Land) e transports to the new for existing pro Yes / tion details ganization/o	acility actice No lualified in the	I		

1 011111 110.00

I hereby confirm that all the particulars given by me in this application are true and correct.

	Signature of the app	olicant/lic	censee:	•	
			Dated	:	
	Stamp of Office Sea	l of Offic	e:		
i. Copy of (if DSR) ii. Overall includir a. b. c. d. e.		ce(s)		No No	

* NOC is granted to valid license holder of PNRA

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
- Phone No.: 051-9263019 Fax No.: 051-9263009 Email: <u>rnsd1@pnra.org</u>
- RNSD-II, Chashma Site, Kundian, District Mianwali
- Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
 - Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN AUTHORIZATION FOR

			17 0712	<u>.E U</u>				1CT/V PATO		<i>)</i>	7/19	_	_					<u> </u>	<u>'V</u>	
1.	<u>Parti</u>	culars of the	Transfe	ror:	_															
ſ	Name	е				(CNIC	No.				T	T	T			Т	Τ		
ŀ	Pass	port No. (In c	case of f	oreigi	ner li										1					
		gnation						-												
	Facili	ity Name				L	Licer	nse No	-											
	Addre	ess:								C	onta	act	No).						
											ax N									
-	o Lie	cense No.				h	\/a	lidity of	: Lio		ma	II								
						D.	va	iluity o	LIC	ense	;.									
2.	Parti	culars of the	Transfe	ree*:																
	Name						CNIC	C No.												
		gnation																		
		ty Name					Licer	nse No	١.											
	Addr	ess:								_	ont		_	٥.						
											ax 1 -ma									
-	Date	of Licensing	with PN	RA							-11110	Ш								
		ise No.					Da	te of Is	ssua	nce								_		
	Valid	ity of License	9																	
3.		cifications of Radioactive S			Sourc	e/R	adia	tion Ge	ener	ator:										
Г	Sr. <u>-</u>			Sou		1.4	odel	Manu	foot		В	ofo		nce		204		$\overline{}$	<u></u>	untr
	No.	Radionuclid	ie(s)	ID. I		No		r	Iaci	uie			/ity				eg of		у o	
																				gin
											l W	ith	Da	ite	S	SR	S			
f											W	ith	Da	ite	S	SR	S	+		
											W	ith	Da	ate	S	SR	S	+		
-											W	ith	Da	ate	8	SR	S	+		
-											W	ith	Da	ite	S	SR	S			
-	b. <u>F</u>	Radiation Gel	nerator								W	ith	Da	ite	S	SR	S			
	b. <u>F</u> Sr.	Radiation Gel		No.	Mod	el	Mai	nufact	N	1 axir				ate		SR:	S		New	11
		Type of Radiation	Sr./ID.	No. -ray	Mod No.	el	Mai			m	nu		Ma	axir m	mu	BR		N	lev	ı/ shed
	Sr.	Type of	Sr./ID.			el				m ⁄olta	mu		Ma Cu	axir m	mu	BR		N	lev	
	Sr.	Type of Radiation	Sr./ID.			el				m	mu		Ma Cu	axir m	mu	SR		N	lev	
	Sr.	Type of Radiation	Sr./ID.			el				m ⁄olta	mu		Ma Cu	axir m	mu	SR		N	lev	
	Sr.	Type of Radiation	Sr./ID.			el				m ⁄olta	mu		Ma Cu	axir m	mu	BR		N	lev	
	Sr.	Type of Radiation	Sr./ID.			el				m ⁄olta	mu		Ma Cu	axir m	mu	BR		N	lev	

FORM NO. 7-C

I hereby confirm that all the particulars given by me in this application are true and correct.

Signature of the Transferor:	
Dated:	
Stamp of Office:	
Signature of the Transferee:	
Dated:	
Stamp of Office:	

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
 - Phone No.: 051-9263019 Fax No.: 051-9263009 Email: <u>rnsd1@pnra.org</u>
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
- Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org

^{*}If transferee is not a licensee then he shall obtain license prior to acquiring radioactive source/radiation generator from transferor.



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSFER OF RADIOACTIVE MATERIAL TO RADIOACTIVE WASTE **MANAGEMENT FACILITY**

1.	Parti	culars of the Lice	<u>ensee</u> :								
	Name	е			CNIC	C No.					
İ	Pass	port No. (In case	of foreig	ner licen	see)						
Ì	Desig	gnation									
Ī	Addr	ess:					Contac	t No.			
							Fax No				
L							E-mail				
	Licer	nse Information:									
ſ	a. Da	te of Registratio	n with PN	IRA							
Į	b. Lic	ense No.		-	C.	Valid	dity of Lic	ense			
	Spec	cifications of Rad	lioactive N	Material:							
		Sealed Radioacti									
	Sr.	Radionuclide(Source		Manu	ıfac-	Activity		Cate		Countr
	No.	s)	ID. No.	No.	turer		with Reference Date		of SF	(3	y of Origin
ŀ							Date				Origin
ŀ											
ŀ											
L	h 1	Inscaled Dadies	ativa Cau	ree /LICI	267						1
		Insealed Radioa				ı				1	
	Sr.	Radionuclide(s	s)	Chemical Phy Form Form		sical Total					
	No.					Forr	m	Activi	Activity		ıme
ļ											
L	Oh -	ale Alana ammiliand Da	1:4:	10/			4 ===:::4	-			
		ck the applied Ra			<u>vianage</u>		-			_	_
	;	a) PINSTECH,	Islamaba	d		b)	KANUPF	, Karac	hi	L	
	Arra	ingements for Sa	afety and	Security	during	Tran	sport of R	adioact	ive So	urce:	
	I	hereby confirm	that all th	ne partic	ulars q	iven l	by me in	this apı	olicatio	n are	true an
0	rrect.	·		·	ŭ						
					S	ignat	ure of the	Licens	ee:		
								Dat	ed.		
								241			
							•				
							Stam	p of Off	ice:		
										D	age 1 of
										Р	age I OI

	Please check the following documents are attached/submitted:					
i. ii.		Yes Yes		No No		
	Note: Use supplemental sheets where necessary. Mail the completely filled Application Form alor with above mentioned documents to the concerned Regional Directorate of the Authority.					
	For details please contact your respective Regional Nuclear Safety Dire	ectorate	(RNSD):			
	 RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 E 	mail: rns	d1@pnra	a.org		

RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
 Phone No.: 051-9263019
 Fax No.: 051-9263009
 Email: rnsd1@pnra.org
 RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294
 Fax No.: 0459-924308
 Email: rnsd2@pnra.org

• RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi

Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN AUTHORIZATION FOR **DECOMMISSIONING OF RADIATION FACILITY**

1	. Particulars of the Licensee:	
	Name CNIC No.	
	Passport No. (In case of foreigner licensee)	
	Designation	
	Address:	Contact No.
		Fax No. E-mail
2	License Information:	L-man
	a. License No. b. Validity of License	
3	B. Details of Radioactive Material/Radiation Generator:	
4	Reason and Justification for Decommissioning:	
	<u> </u>	
	I hereby confirm that all the particulars given by me in t	his application are true and correct
		of the Licensee:
	•	Dated:
		Stamp of Office:
		Stamp of Office.
Р	Please check the following documents are attached/subm	itted:
i.	Final Decommissioning Plan	Yes □ No □
ii.	Any other relevant document	Yes No
	lote: Use supplemental sheets where necessary. Mail the com bove mentioned documents to the concerned Regional Directors.	
	or details please contact your respective Regional Nuclear Saf	•
-	 RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islan 	
	Phone No.: 051-9263019 Fax No.: 051-9263009 • RNSD-II, Chashma Site, Kundian, District Mianwali	
	Phone No.: 0459-924294 Fax No.: 0459-924308 • RNSD-III, 42 C, 24th Commercial Street, Phase II Ext,	
	Phone No.: 021-99266282 Fax No.: 021-9926628	



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM TO OBTAIN AUTHORIZATION FOR</u> CLEARANCE OF RADIOACTIVE MATERIAL

1. <u>F</u>	articulars of the Lic	ensee.							
Na	ame			CNIC No).				
Pa	assport No. (In case	e of foreig	ner licer	nsee)					
De	esignation								
Ac	ldress:				-	Contact No	٥.		
					-	Fax No. E-mail			
					1	E-Mail			
2. <u>Li</u>	cense Information:								
a.	License No.		b	. Validity	of Licens	е			
3. <u>S</u>	pecifications of Ra	dioactive I	Material	:					
Sr. No.	Radionuclide(s)	Source ID. No.	Model No.	Manuf- acturer	Initial Activity with Date	Present Activity with Date	Countr y of Origin	Cate of Sc	
	I hereby confirm	that all t	the parti	iculare div	en by m	a in this 1	annlication	are ti	TILD 2
corre		triat air t	.ne parti	iculais gi	ich by m	C III tillo t	аррпоацог	i aic u	uc a
				Sig	nature of	the Licens	see:		
						Da	ted:		
					St	amp of Of	fice:		
Pleas	e check the followi	ng docum	ents are	e attached	l/submitte	ed:			
i. ii.	Manufacturer so Technical suppo					Yes Yes		No No	
	Use supplemental sl mentioned docume							Form al	ong w
	etails please contact			•			•		
							<u> </u>		
•	RNSD-I, PNRA He Phone No.: 051-9			Area, G-8/ No.: 051-9			nsd1@pnra	a.org	
•	RNSD-II, Chashma						10.5	_	
_	Phone No.: 0459 RNSD-III, 42 C, 24			No.: 0459-			nsd2@pnra	a.org	
•	Phone No.: 021-9			No.: 021-9			nsd3@pnra	a.org	



1. Particulars of the Licensee:

Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN AUTHORIZATION FOR HEALTH SCREENING/BIOMEDICAL RESEARCH

Γ	Name				_			CN	11C I	Nο		T			П		Т	T	П		П
-	Passport N	o (In	case	of fo	reid	iner	lice			VO.											
H	Designation		-	01 10	, oig	,,,,,	1100	11000	-)												
f	Address:											C	onta	act l	No.						
													ax N								
L												E	-ma	il							
2.	License Inf	ormat	on:																		
	a. Date of	regist	ration	with	h Pl	NRA	١														
	b. License	No.								c. \	/alic	ity	of Li	cen	se						
3.	Reason an	d Just	ificati	on fo	or th	ne H	leal	th So	cree	ning/	/Bior	ned	ical	Res	sear	ch:					
												••••									
4.	Purpose of	Healt	h Scr	eeni	ing/	Bior	ned	ical	Rese	earcl	<u>n</u> :										
5.	Specification	on of F	≀adioa	activ	/e N	1ate	rial/	Radi	iatio	n Ge	nera	tor	to b	e us	sed:						
6.	<u>Particulars</u>	of Me	dical/	Hea	ılth I	Prof	ess	iona	l to b	oe in	volv	<u>ed</u> :									
	I hereb	y conf	rm th	at al	II th	е ра	artic	ulars	give	en b	y me	in	this	арр	licat	ion	are	e tru	ıe a	nd (corre
							Sig	ınatı	ıre c	f the	Apı	olica	ant/L	ice	nsee	9:					
								•							ated						
														٥	aloc						
												Sta	mp	of C	Office	e: _					
																_					

Plea	se check the following documents are attached/submitted:			
i.	Authorization from the relevant Govt. Departments	es/	No	
ii.	Training/experience certificate of medical/health professional	Yes	No	
iii.	Approval from ethics committee (national or provincial level)	Yes	No	

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
 Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294
 Fax No.: 0459-924308
 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
 Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN AUTHORIZATION FOR MODIFICATION* AT RADIATION FACILITY

1.	Particulars of the Licensee:										
	Name	CNIC No.								П	7
	Passport No. (In case of foreigne	r licensee)	- 1 - 1			1 1				1 1	1
Ì	Designation										
	Address:				ntact N	Vo.					
					No.						_
Į				E-m	ıaıı						
2.	<u>License Information</u> :										
	a. Date of Registration with PNR										
	b. License No.	c. Va	alidity	of Lice	ense						
3.	Purpose of Modification/Change:										
											•
											•
4.	Reason and Justification for the I	Modification/Ch	ange:								
											•
	I hereby confirm that all the p	articulars given	by me	e in thi	s ann	licati	on ar	e tru	ıe ar	nd co	rre
	eres, cermin anacan are p	a	~ <i>,</i>		- app						
		Sign	nature	of the	Lice	nsee					
		Olgi	iataro	OI tile							
							:				
				Stam	p of C	Office	:				_
											_
											_

^{*}Modification/change in the specifications of radiation sources, shielding design, facility layout, safety or security functions and in the approved licensing documents.

Please check the following documents are attached/submitted:

i.	Updated licensing documents (i.e.	Safety Analysis Report (SAI	R), Radiation protection
	program (RPP), etc.)	Yes 🗌	No 🗌
ii.	Any other relevant document	Yes 🗌	No 🗌

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

• RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad

Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
• RNSD-II, Chashma Site, Kundian, District Mianwali

Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>

• RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi

Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSFER

	<u>UF/AMENDMENI</u> ,	<u>/CHANGE II</u>	<u>V LICENSE</u>	
1.	Particulars of the Licensee:			
	Name	CNIC No.		
	Passport No. (In case of foreigner lice	nsee)		
	Designation			
	Address:		Contact No.	
			Fax No.	
L			E-mail	
2.	<u>License Information</u> :			
[a. Date of Registration with PNRA		b. License No.	
	c. Date of Issuance of Current Licens	se	d. Validity of License	
Į	e. Purpose of License			
3.	Details of Transfer of/Amendment/Ch	ange in License	:	
	a. Transfer to Next of Kin	b. Change in	Location of the Facility	
	c. Transfer/Sell out to any other		Scope of License/Authorization [
	person on current location	ו		
ļ	Ц			
	a. Transfer to Next of Kin			
	Name	CNIC No.		
	Blood Relation			
	Designation			
	Address:		Contact No.	
			Fax No.	
L			E-mail	
	b. Change in Location of the Facility	*#		
	New Address of the Facility			
	(Including Tehsil & District)			
	Reason			
	c. Transfer/Sell out to any other pers	son on current lo	ocation*	
	Particulars of the individual to whom t	he license will b	<u>e transferred</u>	
ſ	Name	CNIC No.		П
•	Designation			
	Address:		Contact No.	
			Fax	
			No.	
ŀ	In Case of Change in Name of the Fac	cility	E-mail	
ŀ	Current Name of the Facility	Jiirty		
ŀ	New Name of the Facility			
L				

d. Change in Scope of License/Authorization*#

	Current Scope of License/Authorization	
t	New Scope of License/Authorization	
t	Reason for Change	
4.	the proposed amendment (if applicable):	seessment of impact on safety and security due to
5.	<u>Transfer/Amendment Fee Information</u> *:	
		<u>.ctivityType.asp</u>
		OR
		ense/Authorization fee may be submitted via Pay tor Finance PNRA, Islamabad". Please provide
	Pay Order/Bank Draft No.:	
	Amount:	
	Date:	
	Name of the Bank:	
	I hereby confirm that all the particular	ars given by me in this application are true and correct.
		Signature of the Licensee:
		Dated:
		stamp of Office:
		
i. ii. iii. iv. No	program (RPP), etc.) Any other relevant document te: Use supplemental sheets where necessar	to next of kin Yes No nallan Yes No nallan Yes No nallan Yes No nallan No nallan Yes No nallan No nallan No nallan No nallan No nallang
witl	th above mentioned documents to the concern	ned Regional Directorate of the Authority.
	n case of 3(b), (c) and (d), fee for transfer/ a plicable.	amendment/ change in license/ authorization will be
	n case of 3(b) and (d), submission of assessme the proposed amendment/ change along with r	nent report regarding impact on safety and security due relevant documents will be applicable.
For	r details please contact your respective Region	onal Nuclear Safety Directorate (RNSD):
	RNSD-I, PNRA Headquarter, Mauve Are Phone No.: 051-9263019 Fax No.	

Page 2 of 3

Email: rnsd2@pnra.org

 RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308

FORM NO. 13-C

RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN AUTHORIZATION FOR **SURRENDER OF LICENSE**

1.	Particulars of	of the	<u> Licensee:</u>										
	Name				С	NIC No.							
	Passport No. (In case of foreigner licensee)												
•	Designation												
•	Address:							Сс	ntact	No.			
									x No.				
l								E-	mail				
2. <u>License Information</u> :													
	a. Date of F										se No.		
	c. Date of Is			ent Li	icer	nse			d. V	/alidit	y of Li	cense	
ļ	e. Purpose	OT L	cense										
3.	<u>Specification</u>	ns of	Radioactiv	∕e Ma	teri	al/Radiat	ion G	ener	ator:				
_	a. <u>Radioac</u>		<u>Material</u>										
	Radionuclide	e(s)	Source	Mod	el	Manufa	ture		tivity		Cou	ntry	Category
			ID. No.	No.		r			ferend	ce	of	i	of Source
								Da	ıe		Orig	In	
-													
b. Radiation Generator													
	Type of	Sr.	ID. No. o	f X-	Mo	odel No.	Ma	ınufa	cturer		Maxim	ıum	Maximum
	Radiation	ray	Tube								Volta	_	Current
	Generator										(kV)	(mA)
4.	Reason and Justification for Surrender of License*:												
_	A		T	. (-				<i>(-)</i> (· ·			
5.	Arrangemer Facility/ Ret												
	Person:	uiii	to Suppliel	, Sait	UI	rauloac	uve c	Jourt	, <u>c(s)/</u> F	<u>vauia</u>	uon G	ciicial	or to otiler

FORM NO. 14-C
I hereby confirm that all the particulars given by me in this application are true and correct.
Circulations of the Linear con-
Signature of the Licensee:
Dated:
Stamp of Office:
Note:
Jse supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

*Proper decommissioning of the facility is mandatory before applying for surrender of license.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
- Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294
 Fax No.: 0459-924308
 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
 - Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSIT/

_	Transport of Radioactive Material/Contaminated .	<u>ITEMS</u>
1	Particulars of the Applicant/Consignor:	

1. Tattedia's of the Applicant/Gorisignor.							
Name	& Designation	CNIC/Passport No.	<u>Organization</u>	Country			
2. <u>Tec</u>	hnical Information:						
i.	Name of radioactive s	ource(s)/material					
ii. Radioactive source(s) identification no(s). along with copy of manufacturer certificate(s)							
iii. Sealed or unsealed							
iv.	Physical form of source	e(s)/material					
V.	Chemical composition	l					
vi.	Number of radioactive radioactivity of each s radioactive material at	ource or total quantity the time of transit/tran	nsport				
vii.	Certificate of package Transport Regulations		PNRA				
viii.	Identification mark of t	he package/container					
ix.	Type of the package/o	container					
X.	Category of the packa	ge/container					
xi.	Transport index						
xii.	United Nations number	er with proper shipping	name				
3. <u>Adn</u>	ninistrative Information:						
i.	Country of origin						
ii.	Expected date of trans	it/transport					
iii.	Name and address of	consignee					
iv.	Name and address of	shipper					
V.	Country/address of fina	al destination					
vi.	Mode of shipment (Air	/Sea/Land)					
vii.	Security measures du	ring transit/transport					
4. <u>Any</u>	other Information:						
				Daga 1 of 2			

5. Authorization Fee Information:

 a) Authorization fee may be submitted via **Askari Bank** (All branches). The Askari bank challan may be obtained from respective Regional Directorate or may be downloaded from: https://www.pnra.org/bankChalanActivityType.asp

iroin. https://www.phra.org/bankonalanActivityType.a	<u>asp</u>	
OR		
 b) Authorization fee may be submitted via Pay Order/Ba Finance PNRA, Islamabad". Please provide the follow 		
Pay Order/Bank Draft No.:		
Amount:		
Date:		
Name of the Bank:		
I hereby confirm that all the particulars given by me in t	this application are true and correct	ct.
Signature of the	the Applicant:	
	Dated:	
Sta	amp of Office:	
Please check the following documents are attached/submitted	d:	
i.Manufacturer's source certificate	Yes 🗌 No 🗌	
ii.Special form certificate of radioactive source	Yes No	
iii.Shipper's declaration of dangerous goods iv.Package design certificate	Yes ☐ No ☐ Yes ☐ No ☐	
v.Pay Order/Bank Draft/Copy of Bank Challan	Yes No	
Note: Use supplemental sheets where necessary. Mail the comple with above mentioned documents to the concerned Regional Director		
For details please contact your respective Regional Nuclear Safety I	Directorate (RNSD):	
 RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabao Phone No.: 051-9263019 Fax No.: 051-9263009 RNSD-II, Chashma Site, Kundian, District Mianwali 	ad Email: <u>rnsd1@pnra.org</u>	
Phone No.: 0459-924294 Fax No.: 0459-924308	Email: rnsd2@pnra.org	
 RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Phone No.: 021-99266282 Fax No.: 021-99266280 	A Karachi Email: rnsd3@pnra.org	



1. Particulars of the Licensee:

Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN IMPORT PERMIT FOR THE PROCUREMENT OF RADIATION SOURCE

ſ	Na	ame		CNIC No.						Τ
	Pa	ssport No. (In case	of foreigner	licensee)						
Designation										
	Ad	ldress:				Contact				
						Fax No.				
L						E-mail				_
2.		cense Information:								
	a.	Date of Registration	with PNRA							
L	b.	License No.		c. Valid	ity of	License				
3.	Te	echnical Information	of Radioact	ive Source/Rad	iatior	n Generato	<u>r</u> :			
а	. <u>F</u>	Radioactive Source(s)							
S	r.	Name of	Sealed	Physical form		Activity	Nun	nber of ra	adioactiv	е
N	lo.	radioactive	or	source(s)/mat	erial	to be			or tota	
		source(s)/material	unsealed			ordered		ntity of ra erial	adioactiv	е
							mat	Criai		
b	. <u>F</u>	Radiation Generator								
S	Sr.	Type of Radiation	Model	Manufacturer		Maximum		Max	kimum	
Ν	lo.	Generator	No.		Vo	Itage/ Ener	gy	Cu	ırrent	
4.	Ad	dministrative Informa	tion:		!		·			
	i.	Purpose of import								
	ii.	Country of origin								
5.	Ar	ny other Information:								
	•••									• •
										٠.

TORW NO. 10-
6. Authorization Fee Information:
a) Authorization fee may be submitted via Askari Bank (All branches). The Askari bank challan may be obtained from respective Regional Directorate or may be downloaded from: https://www.pnra.org/bankChalanActivityType.asp
OR
b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of "Director Finance PNRA, Islamabad". Please provide the following details:
Pay Order/Bank Draft No.:
Amount:
Date:
Name of the Bank:
I hereby confirm that all the particulars given by me in this application are true and correct.
Signature of the Applicant/Licensee:
Dated:
Stamp of Office:

* Import Permit is granted to registered/license holder of PNRA

Please check the following documents are attached/submitted:

i.Pay Order/Bank Draft/Copy of Bank Challan

ii.Technical Specification Documents (If any)

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

Yes

Yes

No

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308
 - Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
 - Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org

PAKISTAN NUCLEAR REGULATORY AUTHORITY P.O. Box 1912, Islamabad

www.pnra.org