

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 addresses are given below:

Name and Mailing Address of Regional Directorate/Inspectorate	Province	Ju	risdictions (Di	vision)
Regional Nuclear Safety	Islamabad,	1.	Islamabad	Capital
Directorate-I (RNSD-I)			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]

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

Regional Nuclear Safety Inspectorate (RNSI), Multan Mailing Address: Head (RNSI-IIA), House No. 93, Western Fort Colony, Qasim Bella, Multan. Contact No:061-6350569	Punjab	 Multan D.G. Khan Sahiwal Bahawalpur [For diagnostic radiology only]
Regional Nuclear Safety Directorate-III (RNSD-III) Mailing Address: Director RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi. Contact No:021-99266282	Sindh	 Karachi Hyderabad Sukkur Larkana Mirpur Khas Shaheed Benazirabad Banbhore Quetta Sibi Zhob Naseerabad Makran 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

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;
- c. 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

- i. 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

P. O. Box No. 1912, Islamabad <u>APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND</u> <u>LICENSING FOR DIAGNOSTIC RADIOLOGY</u>

1. Particulars of the applicant:

Name	CNIC No.	
Designation		
Address:		Contact No.
		Fax No. E-mail
		E-mail
2. If applicant is not the owner then particulars o		
Name	CNIC No.	
Address:		Contact No.:
		Fax No.: E-mail:
3. If applicant/owner is foreigner, then particular	o of the foreigner	
Name	Passport No.	applicant/owner.
Address:	rassport no.	Contact No.:
		Fax 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 applie	d for registration	and licensing:
Islamabad 🗌 Kundian 🗌	Karachi	Peshawar
Multan Quetta	Gilgit-Bailtista	
b) Date (dd-mm-yy) you applied for registrati	Ŭ	
c) Final decision of PNRA on your application	J	
o)		·
5. If already licensed with PNRA, please provide		
a) License No.:		
b) Status of license: Valid 🗌 Sus	pended	Cancelled
6. <u>Purpose for which license is required</u> :		
7. Details of radiation facility:		
Name of Organization/Hospital/Centre		
Address (including Tehsil, District)		

FORM NO. 1-A

Status of premises	Owned	On lease/rent	

8. Specifications of Radiation Generator:

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. Particulars of Employed Professionals (Radiologist(s)/Radiographer(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training	
10. Details of ava	ailable Persona	al Protective Equipr	ment (PP	<u>'E)</u> :		
Lead Apron	Lead	Shield] Th	vroid Collar		
Lead Goggles	Lead	Gloves] Go	nad Shield		
Any other:						
11. Details of availat	ole Radiation N	Monitoring Equipme	nt (if any):		
12. <u>Arrangements fo</u>	r personal dos	e monitoring:				
		LD etc.):				
b) Dosimetry S	Service Provide	er Name:				
c) Frequency of	of Dosimeter E	xchange for Dose A	Assessm	ent:		
13. License Fee Info	ormation:					
		ed via Askari Bank pective Regional Di				
		ChalanActivityType.		or may be do	whicaded nom.	
		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:....

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 Appl	icant: _		
Dated:	C	ated:		
	Stamp of	Office:		_
 iv. Copy of CNIC(s) of all Ra v. Copy of Ownership/Lease vi. Plan, Map, Layout of the vii. Shielding Design (if applice 	t if applicant is not the owner) of foreigner applicant/owner) diation Worker(s) e Documents Facility sable) ficate(s) of Radiation Worker(s)	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No 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 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: msd2@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
- 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. 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	irs of the foreigne				
Name	Passport No.				
Address:		Contact No.:			
		Fax No.: E-mail:			
	4. <u>Have you ever applied for registration and licensing with PNRA in the past:</u>				
Yes No					
If Yes:					
a) Location of PNRA office where you appl	ed for registration	and licensing:			
Islamabad 🗌 Kundian	Karachi				
b) Date (dd-mm-yy) you applied for registr	ation and licensing	g:			
c) Final decision of PNRA on your application	on. Please descri	be briefly:			
5. If already licensed with PNRA, please provid	le:				
a) License No.:	V				
6. <u>Purpose for which license is required</u> :					
7. Details of a disting for 191					
7. <u>Details of radiation facility</u> :					
Name of Organization/Hospital/Centre					
Address (including Tehsil, District)					

Status of premises	Owned	On lease/rent		

8. Specifications of Radioactive Material/Radiation Generator:

a) Radioactive Material (Teletherapy/Brachytherapy Source)

Radionuclide(s)	Source ID. No.	Manufacturer	Activity with Reference date	Category of SRS	Country of Origin	Physical Form

b) Radiation Generator (LINAC, X-ray/CT Simulator etc.)

Apparatus Type	Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage of Radiation Apparatus	

9. <u>Particulars of Employed Professionals (Radiation Oncologist(s)/Medical</u> <u>Physicist(s)/Radiation Protection Officer(s) /Radiation Technologist(s) etc.)</u>:

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

11. Arrangements for safe and secure storage of radioactive source(s):
<u></u>
12. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:
12. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste
13. Arrangements for personal dose monitoring:

a) Type of Dosimeter (Film/TLD etc.):

- b) Dosimetry Service Provider Name:
- c) Frequency of Dosimeter Exchange for Dose Assessment:

14. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration

15. License Fee Information:

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.asph

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U	Г

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 th	e Applicant:	
Dated:		Dated:	

Dated:

Stamp of Office:

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.	Safety Analysis Report (SAR)	Yes	No	
vii.	Radiation Protection Program (RPP)	Yes	No	
viii.	Radiation Emergency Plan (REP)	Yes	No	
ix.	Physical Protection Plan (PPP) (if applicable)	Yes	No	
х.	Quality Assurance Program (QAP)	Yes	No	

xi.	Initial Decommissioning Plan	(If applicable)
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xii. Experience/Training Certificate(s) of Radiation Worker(s)

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

Worker(s)	Yes	No
	Yes	No

Yes

No	
No	
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):

•		, Mauve Area, G-8/1, Islamaba	
	Phone No.: 051-9263019	Fax No.: 051-9263009	Email: rnsd1@pnra.org

•	RNSD-II, Chashma Site, Kund	alan, District Mianwali	
	Phone No.: 0459-924294	Fax No.: 0459-924308	Email: rnsd2@pnra.org
•	RNSD-III, 42 C, 24th Comme	rcial Street, Phase II Ext, DHA	A 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 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. 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 foreign	er, then particulars of the foreig	<u>ner applicant/owner:</u>				
Name	Passport No.					
Address:		Contact No.:				
		Fax No.: E-mail:				
A Have you ever applied for re	egistration and licensing with PN					
If Yes:						
a) Location of PNRA office	where you applied for registration	on and licensing:				
Islamabad 🗌 k	Kundian 🗌 Karachi					
b) Date (dd-mm-yy) you applied for registration and licensing:						
	n your application. Please desc					
5. If already licensed with PNF	A, please provide:					
a) License No						
b) Status of license: Vali	d 🗌 Suspended 🗌	Cancelled				
6. <u>Purpose for which license is required</u> :						
7. Details of radiation facility:						
Name of Organization/Hospit	al/Centre					
Address (including Tehsil, Dis	strict)					

FORM NO. 3-A

Status of premises	Owned	On lease/rent	

8. Specifications of Radioactive Sources:

a) <u>Sealed Radioactive Sources (SRS)</u>

Radionuclide(s)	Source ID. No.	Model No.	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Unsealed Radioactive Sources (USRS)

Radionuclide(s)	Pharmaceutical to be labeled	Activity to be purchased permonth	Purpose

9. <u>Details of associated equipment (PET-CT, Gamma Camera, Dose Calibrator, Multichannel</u> <u>Analyzer etc.):Gamma/PET Camera</u>

Apparatus Type	Sr./I.D. No.	Model No	Manufacturer	Country of	Date of Calibration
, ippulatus , jps	0.0,000,000	mouoritor	indira de la citar ci	Outuita	
				Origin	(If Required)
			-		

10. <u>Particulars of Employed Professionals (Nuclear Physician(s)/Medical</u> <u>Physicist(s)/Radiation Protection Officer(s)/Radiation Technologist(s) etc.</u>):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

11. Radiation monitoring equipment:

FORM NO. 3-A

			0						
12. Arrangements for safe and secure storage of radioactive source(s):									
13. Details of available Personal Protective Equipment (PPE):									
14 Managam	ant of Dia	and Cool	d Dediesetive (C)/Dedieest				
			ed Radioactive S						
15. Arrangements for personal dose monitoring:									
a) Type	of Dosime	eter (Film/	TLD etc.):						
b) Dosin	netry Serv	ice Provid	er Name:						
c) Frequ	ency of D	osimeter I	Exchange for Do	ose Assessme	nt:				
16. License Fe	ee Informa	ation:							
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									
<u>mups.n</u>		a.org/barik		OR					
h) Licono	a faa maa	he submi			in favor of i				
			tted via Pay Orc e provide the fo			Director Fin	ance		
Pa	y Order/B	ank Draft I	No.:						
Amount:									
Date:									
Na	me of the	Bank:							
knowledge a Regulations PAK/908, all	nd belief a for the Li other appl es issued	and I unde censing o icable PNI by the	the particulars ertake to abide b f Radiation Fac RA Regulations, Authority from ereto.	by the provision ility (ies) othe regulatory or	ons of PNRA er than Nucl ders, imp <mark>o</mark> se	Ordinance - ear Installati d license con	- 2001, on(s) - iditions		
Signature of the	ne Owner:		Signa	ature of the Ap	oplicant:				
	Dated				Dated:		_		
				Stamp	of Office:				

No No No No No No No No

No No No No No

Please check the following documents are attached/submitted:

i.	Copy of CNIC of Applicant	Yes 🗌	I
ii.	Copy of CNIC of Owner(if applicant is not the owner)	Yes 🗌	I
iii.	Copy of passport (in case of foreigner applicant/owner)	Yes 🗌	l
	Copy of CNIC(s) of all Radiation Worker(s)	Yes 🗌	l
iv.	Copy of Ownership/Lease Documents	Yes 🗌	l
٧.	Safety Analysis Report (SAR)	Yes 🗌	l
vi.	Radiation Protection Program (RPP)	Yes 🗌	l
vii.	Radioactive Waste Management Program (RWMP)	Yes 🗌	l
viii.	Radiation Emergency Plan (REP)	Yes 🗌	
ix.	Quality Assurance Program (QAP)	Yes 🗌	
Х.	Initial Decommissioning Plan	Yes 🗌	
xi.	Experience/Training Certificate(s) of Radiation Worker(s)	Yes	1
xii.	Pay Order/Bank Draft/Copy of Bank Challan	Yes 🗌	

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: msd1@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 Email: rnsd3@pnra.org Fax No.: 021-99266280



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND</u> <u>LICENSING FOR INDUSTRIAL RADIOGRAPHY</u>

1. Particulars of the applicant: CNIC No. Name 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	3		No							
	lf Y	es:									
	a)	Location	of Pl	NRA off	ice w	here yo	u applie	d for registi	ration a	and licensing:	
		Islamab	ad		Kur	ndian		Karachi	i		
	b)	Date (do	d-mm-	yy) you	appli	ied for r	egistrati	on and lice	nsing:.		
	c)	Final de	cision	of PNF	RA on	your ap	oplication	n. Please d	escribe	e briefly:	
5.	<u>lf a</u>	Iready lic	ensed	d with P	NRA	, please	provide				
	а) Licens	se No.	·····							
	b) Status	s of lic	ense: V	/alid		Sus	pended		Cancelled	
6.	Pur	pose for	which	n licens	e is re	equired:					
					•••••		•••••				
7.	Det	ails of ra	diatio	<u>n facilit</u>	<u>v</u> :						
Ν	lam	e of Orga	anizat	ion/Firn	۱						
A	ddr	ess (inclu	uding	Tehsil,	Distri	ct)					

FORM NO. 4-A

Status of premises	Owned	On lease/rent	

8. Specifications of Radioactive Material/Radiation Generator:

a) Radioactive Material/Sources

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Gamma Projectors

Sr./ID. No.	Model No.	Manufacturer	Shielding Material	Country of Origin

c) Radiation Generators

Sr./ID.No.	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Country of Origin

9. Particulars of Employed Professional (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

11. Arrangements for safe and secure storage of radioactive source(s):

12. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

.....

13. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.):
- b) Dosimetry Service Provider Name:
- c) Frequency of Dosimeter Exchange for Dose Assessment:

14. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration
					r		
				X			

15. License Fee Information:

c) 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

d) 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 order, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owne	er: Signature of the A	pplicant: _	 	
Date	d:	Dated:_	 	
	Stamp	of Office:		
Please check the follo	owing documents are attached/submitted	d:		
iii. Copy of passport (Applicant Dwner (if applicant is not the owner) (in case of foreigner applicant/owner) f all Radiation Worker(s)	Yes Yes Yes Yes	No No No No	

iv. Copy of CNIC(s) of all Radiation Worker(s)

FORM NO. 4-A

vi.	Copy of Ownership/Lease Documents Experience/Training Certificate(s) of Radiation Worker(s) Pay Order/Bank Draft/Copy of Bank Challan	Yes Yes Yes	No No No	
Inc	dustrial 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	dustrial 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.: 0459-924308 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 REGISTRATION OF THE PREMISES AND LICENSING FOR USE OF NUCLEAR/X-RAY GAUGE

1. Particulars of the applicant:		
Name	CNIC No.	
Designation		
Address:		Contact No.
		Fax No. E-mail
	C (1)	L-mail
2. If applicant is not the owner then particulars		
Name	CNIC No.	
Address:		Contact No. Fax No.
		E-mail
3. If applicant/owner is foreigner, then particula	ars of the foreigne	r applicant/owner:
Name	Passport No.	
Address:		Contact No.:
		Fax No.:
		E-mail:
4. Have you ever applied for registration and li	censing with PNR	A in the past:
Yes 🗌 No 🔲		
If Yes:		
a) Location of PNRA office where you appl	ied for registratior	and licensing:
Islamabad 🗌 Kundian	Karachi	
b) Date (dd-mm-yy) you applied for registra		
c) Final decision of PNRA on your applicat		
5. If already licensed with PNRA, please provid	de:	
a) License No.:		
,	uspended	
,	uspended	Cancelled
6. <u>Purpose for which license is required</u> :		
7. Details of radiation facility:		
Name of Organization/Firm		
Address (including Tehsil, District)		

FORM NO. 5-A

Status of premises	Owned	On lease/rent	

8. Specifications of Nuclear/X-Ray Gauge:

a) <u>Nuclear Gauge</u>

Type (Fixed/Mobile)	Radionuclide(s)	Source ID. No.	Model No.	Manufacturer		Category of SRS	Country of Origin
		10.110.	NO.		Date		or origin

b) <u>X-Ray Gauge</u>

Туре	Sr./ID.	Model No.	Manufacturer	Maximum	Maximum	Country of
(Fixed/Mobile)	No.			Voltage (kV)	Current (mA)	Origin
(

9. Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training
			1		
			X		

10. Details of available Personal Protective Equipment (PPE):

11. Management of	Disused Sealed Radi	oactive Sources	(DSRS)/Radioa	ctive Waste:

- 12. Arrangements for personal dose monitoring:
 - a) Type of Dosimeter (Film/TLD etc.):

- b) Dosimetry Service Provider Name:
- c) Frequency of Dosimeter Exchange for Dose Assessment:

13. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration
					¥		

14. License Fee Information:

Signature of the Owner:

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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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:	

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 Applicant:

	Dated: D	ated:		_
	Stamp of	Office:		
Please	check the following documents are attached/submitted:	4		
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	
Nuclear	Gauge			
i.	Plan, Map, Layout of the Facility	Yes	No	
ii.	Radiation Protection Program (RPP) (up to Cat-III) source	es Yes	No	
iii.	Radiation Emergency Plan (REP) (up to Cat-III) sources	Yes	No	
iv.	Physical Protection Plan (PPP) (up to Cat-III) sources	Yes	No	
٧.	Initial Decommissioning Plan	Yes	No	

X-ray Gauge

FORM NO. 5-A

i.	Plan, Map, Layout of the Facility	Yes 🗌 No	
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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, M Phone No.: 051-9263019	lauve Area, G-8/1, Islamaba Fax No.: 051-9263009	d Email: <u>rnsd1@pnra.org</u>
•	RNSD-II, Chashma Site, Kundia Phone No.: 0459-924294	an, District Mianwali Fax No.: 0459-924308	Email: rnsd2@pnra.org
•	RNSD-III , 42 C, 24th Commerc Phone No.: 021-99266282		
	1 Holle 100 021-33200202	T ax 110 02 1-33200200	Email: msdol@pma.org



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

APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR IRRADIATION

1. Particulars of the applicant:

Name		CNIC No.	
Designation			
Address:			Contact No.
			Fax No. E-mail
2. If applicant is not the own	er then particulars of	of the owner:	
Name		CNIC No.	
Address:		CIVIC NO.	Contact No.
			Fax No.
			E-mail
3. If applicant/owner is foreig	ner, then particular	s of the foreigne	er applicant/owner:
Name		Passport No.	
Address:			Contact No.:
			Fax No.: E-mail:
A Llava you aver applied for	registration and lis	eneing with DNF	
4. <u>Have you ever applied for</u>	registration and lic	ensing with PNP	ka in the past.
Yes 🗌 No			
If Yes:			
a) Location of PNRA office	e where you applied	d for registration	and licensing:
Islamabad	Kundian	Karachi	
b) Date (dd-mm-yy) you a	pplied for registration	on and licensing	
c) Final decision of PNRA	on your application	n. Please descril	be briefly:
5. If already licensed with PN		<u>e</u> :	
a) License No.:			
b) Status of license: Va	alid 🗌 Sus	spended	Cancelled
6. Purpose for which license	is required:		
7. Details of radiation facility			
Name of Organization/Hos			
Address (including Tehsil,			

Status of premises	Owned	On lease/rent	

8. Specifications of Radioactive Material/Radiation Generator:

a) Radioactive Material/Sources

Radionuclide(s)	Source ID. No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Radiation Generators

Type of Irradiator	Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage of Radiation Apparatus	Country of Origin

9. Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

11. Arrangements for safe and secure storage of radioactive source(s):

12. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

13. Arrangements for personal dose monitoring:

a) Type of Dosimeter (Film/TLD etc.):

- b) Dosimetry Service Provider Name:
- c) Frequency of Dosimeter Exchange for Dose Assessment:

14. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration

15. License Fee Information:

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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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	rder/Bank Draft No.:
Amc	nt:
Date	
Nam	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.

Signatur	e of the Owner: Sig	nature of the Appli	icant: _		
	Dated:	D	ated:		
		Stamp of (Office:		_
Please	check the following documents are atta	ached/submitted:			
ii. iii. iv. v. vi. vii.	Copy of CNIC of Applicant Copy of CNIC of Owner (if applicant is Copy of passport (in case of foreigner Copy of CNIC(s) of all Radiation Worke Copy of Ownership/Lease Documents Experience/Training Certificate(s) of Ra Pay Order/Bank Draft/Copy of Bank Ch radiator	applicant/owner) er(s) adiation Worker(s)	Yes Yes Yes Yes Yes Yes Yes	No No No No No No	
i. ii.	Plan, Map, Layout of the Facility Shielding Design (if applicable) Radiation Protection Program (RPP)		Yes Yes Yes	No No No	

iv.	Radiation Emergency Plan (REP)	Yes	No	
ν.	Physical Protection Plan (PPP) (if applicable)	Yes	No	
vi.	Initial Decommissioning Plan (if applicable)	Yes	No	
Agricul	tural Irradiators/Industrial Irradiators			
ī.	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 F •
- 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 FOR OIL WELL LOGGING

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	V
Name	Passport No.
Address:	Contact No.:
	Fax No.: E-mail:
4. Heve you ever applied for registration and li	
4. <u>Have you ever applied for registration and lie</u>	censing with PNRA III the past.
Yes No	
If Yes:	
a) Location of PNRA office where you appli	ied for registration and licensing:
Islamabad 🗌 Kundian 🗌] Karachi 🗌
b) Date (mm-dd-yy) you applied for registra	ation and licensing:
c) Final decision of PNRA on your applicati	ion. Please describe briefly:
5. If already licensed with PNRA, please provid	<u>10</u> .
a) License No.:	
·	uspended Cancelled
6. Purpose for which license is required:	
7. Details of radiation facility:	
Name of Organization/Industry	

FORM NO. 7-A

Address (including Tehsi	l, District)		
Status of premises	Owned	On lease/rent	

8. Specifications of Radioactive Material/Source:

Radionuclide(s)	Source ID. No.		Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

9. Particulars of Employed Professional (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training
(

10. Details of available Personal Protective Equipment (PPE):

11. Arrangements for safe and secure storage of radioactive source(s):

12. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

- 13. Arrangements for personal dose monitoring:
 - a) Type of Dosimeter (Film/TLD etc.):
 - b) Dosimetry Service Provider Name:
 - c) Frequency of Dosimeter Exchange for Dose Assessment:

14. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration

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15. License Fee Information:

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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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/Bar	ay Order/Bank Draft No.:									
Amount:										
Date:										
Name of the B										

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.

Signatu	re of the C	wner:			Sign	ature	e of the Appli	cant:				
	Γ	Dated:					D	ated:				
							Stamp of 0	Office:			_	
Please	check the	e follov	ving do	cument	s are attac	hed/	submitted:					
i.	Copy of C							Yes		No		
ii.					olicant is n			Yes		No		
iii.							ant/owner)	Yes	Ц	No	Ц	
iv.					on Worker	(s)		Yes		No	Ц	
۷.	Copy of C		•					Yes	H	No		
vi.	Plan, Map							Yes		No		
vii.	Radiation			•	· /			Yes		No	Ц	
viii.	Radiation							Yes		No		
ix.) (up to Ca	at-III)	sources	Yes		No		
Х.	Initial Dec	comm	issionin	g Plan				Yes		No		
xi.	Experience	ce/Tra	ining Co	ertificate	e(s) of Rad	diatio	n Worker(s)	Yes		No		
xii.	Pay Orde	er/Ban	k Draft/	Copy of	^r Bank Cha	llan		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: <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: rnsd3@pnra.org



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

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

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:	Emai
Name Address:	CNIC No.	Contact No.
, iddi 655.		Fax No.
		E-mail
3. If applicant/owner is foreigner, then particula	ars of the foreigne	er applicant/owner:
Name	Passport No.	
Address:		Contact No.:
		Fax No.: E-mail:
4. Have you ever applied for registration and li	icensing with PNF	
Yes No	censing with the	<u>vy in the past</u> .
If Yes:		
a) Location of PNRA office where you appl	Ũ	n and licensing:
Islamabad 🗌 Kundian 🗌] Karachi	
b) Date (dd-mm-yy) you applied for registra		-
c) Final decision of PNRA on your applicat	ion. Please desci	ribe briefly:
5. If already licensed with PNRA, please provi	<u>de</u> :	
a) License No.:		
b) Status of license: Valid 🗌 Si	uspended	Cancelled
6. Purpose for which license is required:		
7. Details of radiation facility:		
Name of Organization/Industry		
Address (including Tehsil, District)		

FORM NO. 8-A

Status of premises	Owned	On lease/rent	

8. Specifications of Radioactive Material/Radiation Generator:

a) Radioactive Material

Radionuclide(s)	Source ID. No.		Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Radiation Generator

Apparatus Type	Sr./ID.No.	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Country of Origin
			X			

9. Particulars of Employed Radiation Protection Officer(s)/Radiation Worker(s) etc.:

Name	Designation	gnation CNIC No.		Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

11. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

X

12. Arrangements for safety and security of radioactive source(s):

- 13. Arrangements for personal dose monitoring:
 - a) Type of Dosimeter (Film/TLD etc.):

- b) Dosimetry Service Provider Name:
- c) Frequency of Dosimeter Exchange for Dose Assessment:

14. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration
					Runge	Worntornig	

15. License Fee Information:

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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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:

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:

Dated:

Signature of the Applicant: _

Dated:

Stamp of Office:

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	
Ca	rgo or Vehicle Scanners with Radioactive 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	

FORM NO. 8-A

	Initial Decommissioning Plan rgo or Vehicle Scanners with X-ray	Yes	No	
i. ii. iii.	Plan, Map, Layout of the Facility Shielding Design Radiation Protection Program (RPP) (if applicable) Radiation Emergency Plan (REP) (if applicable)	Yes Yes Yes Yes	No No No No	
	ggage 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: <u>rnsd2@pnra.org</u>
 RNSD-III 42 C. 24th Commercial Street Phase II Ext. DHA Karachi
- 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 USE OF RADIOACTIVE MATERIAL/RADIATION EQUIPMENT IN TEACHING AND RESEARCH

1. Particulars of the applicant:

Name	CNIC No.		
Designation			
Address:		Contact No.	
		Fax No.	
		E-mail	
2. If applicant is not the owner then particul	lars of the owner:		
Name	CNIC No.		
Address:		Contact No.	
		Fax No.	
		E-mail	
3. If applicant/owner is foreigner, then parti			
Name	Passport No		
Address:		Contact No.: Fax No.:	
		E-mail:	
4. Have you ever applied for registration an	d licensing with P]
	id licensing with P	<u>INRA III tile past</u> .	
Yes No			
If Yes:			
a) Location of PNRA office where you a	pplied for registra	ation and licensing:	
Islamabad 🗌 Kundian	🗌 Karachi		
b) Date (dd-mm-yy) you applied for regi	istration and licens	sing:	
c) Final decision of PNRA on your appli	ication. Please de	scribe briefly:	
5. If already licensed with PNRA, please pr	ovide:		
a) License No.:			
b) Status of license: Valid	Suspended	Cancelled	
6. Purpose for which license is required:			
		-	
7. Details of Research/Educational Institute	<u>}:</u>		
Name of Research/Educational Institute			

FORM NO. 9-A

Address (including Tehsil, District)									
Status of premises	Owned		On lease/rent						

8. Specifications of Radioactive Material/Radiation Equipment:

a) Sealed Radioactive Sources (SRS)

Radionuclide(s)	Source ID. No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Unsealed Radioactive Sources (USRS)

Radionuclide(s)	Manufactu	rer Activity to be purchased per month	Country of Origin	Purpose
		X		

c) Radiation Equipment (XRD, XRF etc.)

Apparatus Type	Sr./I	D. No.	Model No.	М	lanufacturer	Maximum Voltage (kV)	aximum rent (mA)	Country of Origin

9. Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration

FORM NO. 9-A

11. Arrangements for safety and security of radioactive source(s):									
12. Details of	available l	Personal F	Protective Equip	ment (PPE):					
13. <u>Managem</u>	ent of Disi	used Seal	ed Radioactive S	Sources (DSR	S)/Radioact	ive Waste:			
14. <u>Arrangem</u>	ents for pe	ersonal do	<u>se monitoring</u> :						
a) Type	of Dosime	eter (Film/	TLD etc.):						
b) Dosin	netry Serv	rice Provid	er Name:						
c) Frequ	ency of D	osimeter l	Exchange for Do	ose Assessme	nt:				
15. <u>License F</u> e	ee Informa	ation:							
, challa	in may be	obtained	omitted via Ask from respective g/bankChalanA	Regional Direct	ctorate or ma				
in of it.	<u>Inteposition</u>			OR	2				
			tted via Pay Orc se provide the fo	ler/Bank Draft		Director Fin	ance		
			No.:						
	-								
Da	te:								
Na	me of the	Bank:							
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 th	ne Owner:	:	Signa	ature of the Ap	plicant:				
2	Dated				Dated:				
	Stamp of Office:								

Please check the following documents are attached/submitted:

i.

ii.

iii.

iv.

v.

vi.

vii.

- Copy of CNIC of Applicant Yes No Copy of CNIC of Owner (if applicant is not the owner) Yes No Copy of passport (in case of foreigner applicant/owner) Yes No Copy of CNIC(s) of all Radiation Worker(s) Yes No Copy of Ownership/Lease Documents Yes No Experience/Training Certificate(s) of Radiation Worker(s) Yes No Pay Order/Bank Draft/Copy of Bank Challan Yes No
- viii. Additional documents according to modality as per Regulations PAK/908(Rev.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 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
- 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 IMPORT/EXPORT/TRADE OF RADIOACTIVE MATERIAL/RADIATION EQUIPMENT/ DEVICES CONTAINING RADIOACTIVE MATERIAL

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	of the owner:	
Name	CNIC No.	
Address:		Contact No.
		Fax No.
	X	E-mail
3. If applicant/owner is foreigner, then particular	s of the foreigner	<u>r applicant/owner</u> :
Name	Passport No.	
Address:		Contact No.:
		Fax No.: E-mail:
4. Have you ever applied for registration and lic	ensing with PNR	<u>A in the past</u> :
Yes No		
If Yes:		
a) Location of PNRA office where you applie	ed for registration	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		
		se sheny.
5. If already licensed with PNRA, please provide	<u>e</u> :	
a) License No.:		
b) Status of license: Valid 🗌 Sus	spended	Cancelled
6. Purpose for which license is required:		
7. Details of Premises:		
Name of Organization/Firm		

FORM NO. 10-A

Address (including Tehsi	I, District)			
Status of premises	Owned	On lease/rent		

8. Specifications of Radioactive Material/Radiation Equipment:

a) Sealed Radioactive Sources (SRS)

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Unsealed Radioactive Sources (USRS)

Radionuclide(s)	Manufacturer	Activity to be purchased per month	Country of Origin	Purpose
		X		
		7		
c) Radiation Ger	nerator			

c) Radiation Generator

Apparatus Type	Sr./I	D. No.	Model No.	Ma	anufacture	r	Maximum Voltage (kV)	Maximum Current (mA)	Country of Origin

d) Devices Containing Radioactive Material

Type of Device	Sr./ID. No.	Model No.	Manufacturer	Shielding Material	Country of Origin

9. Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

						FORM N	NO. 10-A
0. <u>Maintenan</u>	ce/Testing	of radiation	generator:				
Vhether the erformed at t			of radiation appa	aratus/radio	active ma	terial will be	9
Yes	□ No						
lf yes, pro [.] personal m		ormation or	radiation safety	arrangemer	nt at the p	remises inclu	ding
1. <u>Arrangeme</u>	ents for safe	e and secur	e transportation a	nd storage	of radioact	ive source(s)	:
2. Arrangeme	ents for ner	sonal dose i	monitorina:				
) etc.):				
			Name:				
			hange for Dose A				
3. Radiation			ildinge fer Dece /				
	Sr./ID.No.		Manufacturer	Radiation	Enorm	Durnaga	Date o
Type of Instrument	51./ID.INO.	No.	Manuracturer	Detected	Energy & Dose Range	Purpose of Monitoring	Calibratio
					Range	wormoring	
4. License Fe	e Informat	ion:					I
			tted via Askari E	Rank (All h	ranches)	The Askari k	ank
challa	n may be c	btained from	n respective Regi	onal Directo			
from:	https://www	v.pnra.org/b	ankChalanActivity	/Type.asp			
			OR	7			
			d via Pay Order/B provide the followi		favor of "I	Director Fina	ince
Pa	v Order/Ba	nk Draft No					

Pay Orc	der/Bank Draft No.:	 	
Amount		 	
	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 Applic	cant:	 	
Dated:	Da	ated:	 	_
	Seal of C	Office:	 	-
		_		-
		-		
Please check the following documents are	attached/submitted:			
i. Copy of CNIC of Applicant		Yes	No	
ii. Copy of CNIC of Owner (if applica		Yes	No	
 iii. Copy of passport (in case of foreig iv. Copy of CNIC(s) of all Radiation V 		Yes Yes	No No	
v. Copy of Ownership/Lease Docum		Yes	No	
vi. Experience/Training Certificate(s)			No	
vii. Pay Order/Bank Draft/Copy of Bai		Yes	No	
Dealing in Radioactive Materials/Sourc	06			
i. Plan, Map, Layout of the Facility		Yes	No	
ii. Shielding Design		Yes	No	
 Radiation Protection Program (RF) 		Yes	No	
iv. Radiation Emergency Plan (REP)		Yes	 No	
v. Physical Protection Plan (PPP)		Yes	No	
Dealing in Radiation Generators i. Plan, Map, Layout of the Facility		Yes	No	
ii. Shielding Design (if applicable)		Yes	No	۲ ۲

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, Chabma Site, Kurdiga District Magnuali
- 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 REGISTRATION OF THE PREMISES AND LICENSING OF FULL-FLEDGED MEDICAL CENTRE

1. Particulars of the applicant:

Name	CNIC No.	
Designation		
Address:		Contact No.
		Fax No. E-mail
2. If applicant is not the owner th	en particulars of the owner:	
Name	CNIC No.	
Address:	CNIC NO.	Contact No.
		Fax No.
		E-mail
3. If applicant/owner is foreigner,	then particulars of the foreigner	<u>r applicant/owner</u> :
Name	Passport No.	
Address:		Contact No.:
		Fax No.: E-mail:
4. Have you ever emplied for regi	stration and licensing with DND	
4. <u>Have you ever applied for regi</u>	stration and licensing with PNRA	A in the past:
Yes 🗌 No 🛄		
If Yes:		
a) Location of PNRA office w	here you applied for registration	and licensing:
Islamabad 🗌 Kur	ndian 🗌 Karachi	
b) Date (dd-mm-vv) vou appli	ied for registration and licensing	
	your application. Please descril	
	your application. Thease describ	be bliefly.
5. If already licensed with PNRA	<u>, please provide</u> :	
a) License No.:		
b) Status of license: Valid	Suspended	Cancelled
6. Purpose for which license is re	<u>equired:</u>	
7. Details of radiation facility:		
Name of Organization/Hospital/	Centre	
Address (including Tehsil, Distri	ct)	

Status of premises	Owned	On lease/rent	

8. Specifications of Radioactive Material/Radiation Generator:

a) Sealed Radioactive Source (SRS)(Therapeutic/Calibration/Blood Irradiation Source)

Radionuclide(s)	Source ID. No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) <u>Unsealed Radioactive Sources (USRS)(Therapeutic/Diagnostic)</u>

Radionuclide(s)	Pharmaceutical to be labeled	Activity to be purchased per month	Purpose

c) Radiation Generator in Radiotherapy (LINAC, X-ray/CT Simulator etc.)

Apparatus Type	Sr./ID.	Model	Manufacturer		New/	Country of Origin
Туре	No.	No.		Voltage/Energy	Refurbished	
		7				

d) Radiation Generator in Diagnostic Radiology (Conventional, Mammography etc.)

Apparatus	Sr./ID.	No.	Model No.	Manufacturer	Maximum	Maximum	New/
	of X-ra				Voltage	Current	Refurbished
	Tube.				(kV)	(mA)	
					· ·		

FORM NO. 11-A

9. <u>Details of associated equipment (Gamma/PET Camera, Dose Calibrator/Multichannel</u> <u>Analyzer etc.)</u>

Apparatus Type	Sr./I.D. No.	Model No.	Manufacturer	Country of Origin	Date of Calibration (If Required)

10. <u>Particulars of Employed Professional (Radiation Oncologist(s)/Nuclear</u> <u>Physician(s)/ Radiologist(s)/Medical Physicist(s)/Radiation Protection Officer(s)/Radiation</u> <u>Technologist(s)etc.</u>):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

11. Radiation monitoring equipment:

Tuno of	Sr./ID.	Model	Manufacturer	Radiation	Eporeu 8	Durpage	Date of
Type of			Manufacturer	Detected	Energy & Dose	Purpose	Calibration
Instrument	No.	No.		Delected		of	Calibration
					Range	Monitoring	

12. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.):
- b) Dosimetry Service Provider Name:
- c) Frequency of Dosimeter Exchange for Dose Assessment:
- 13. Arrangements for safe and secure storage of radioactive source(s):

14. License Fee Information:

 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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:	

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 de	ocuments are attached/submitted:

i. ii. iii. iv. v.	Copy of CNIC of Applicant Copy of CNIC of Owner (if applicant is not the owner) Copy of passport (in case of foreigner applicant/owner) Copy of CNIC(s) of all Radiation Worker(s) Copy of Ownership/Lease Documents	Yes Yes Yes Yes Yes		40 0 40 0 40 0 40 0
	Copy of CNIC(s) of all Radiation Worker(s)	/		
vi.	Safety Analysis Report (SAR)	Yes		No 🗌
vii.	Radiation Protection Program (RPP)	Yes		lo 🗌
viii.	Radioactive Waste Management Program (RWMP)	Yes		40 🗌
ix.	Radiation Emergency Plan (REP)	Yes	►	lo 🗌
х.	Physical Protection Plan (PPP)	Yes	1	
xi.	Quality Assurance Program (QAP)	Yes		lo 🗌
xii.	Initial Decommissioning Plan	Yes		lo 🗌
xiii.	Experience/Training Certificate(s) of Radiation Worker(s)	Yes		lo 🗌
xiv.	Pay Order/Bank Draft/Copy of Bank Challan	Yes		lo 🗌

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>rnsd3@pnra.org</u>



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 pa	articulars of the owner:
Name	
Address:	Contact No.
	Fax No.
2. If applicant/ourpor is foreigner, then	particulars of the foreigner applicant/owner:
Name	Passport No.
Address:	Contact No.:
	Fax No.: E-mail:
	on 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-vv) vou applied fo	r registration and licensing:
	application. Please describe briefly:
5. If already licensed with PNRA, please	se provide:
a) License No.:	
b) Status of license: Valid	Suspended Cancelled
6. Purpose for which license is require	<u>id</u> :
7. Details of radiation facility:	
Name of Organization/Firm	

FORM NO. 12-A

Address (including Tehsil, District)						
Status of premises	Owned		On lease/rent			

8. Specifications of Radioactive Material/Radiation Generator:

a) Sealed Radioactive Sources (SRS)/Unsealed Radioactive Source (USRS)

Type of Radioactive Source (SRS/USRS)	Radionuclide(s)	Physical Form	Chemical Form	Maximum amount tha will be processed per batch	

b) Radiation Generator (Diagnostic X-ray machine/CT Scanner/Baggage Scanner etc.)

Type of Equipment	Maximum Current (mA)	Maximum Voltage (kV)	Use of Equipment
	X		

9. Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training
		Х			

10. Details of available Personal Protective Equipment (PPE):

11. <u>Arrangements for safe and secure storage of radioactive source(s)</u>:

FORM NO. 12-A

12. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.):
- b) Dosimetry Service Provider Name:
- c) Frequency of Dosimeter Exchange for Dose Assessment:

13. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration
					, in gr	J	

14. License Fee Information:

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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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:	

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	e:

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)
- iv. Copy of CNIC(s) of all Radiation Worker(s)
- v. Copy of Ownership/Lease Documents
- vi. Authorization from the relevant Govt. Departments
- vii. Experience/Training Certificate(s) of Radiation Worker(s)
- viii. Pay Order/Bank Draft/Copy of Bank Challan

Yes	No	
Yes	No	

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	No	
iv.	Radioactive Waste Management Program (RWMP)	Yes	No	
٧.	Physical Protection Plan (PPP)	Yes	No	
vi.	Quality Assurance Program (QAP)	Yes	No	
vii.	Initial Decommissioning Plan	Yes	No	
Ма	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	
vii.	Quality Assurance Program (QAP)	Yes	No	
viii.	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.

- 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>msd2@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>
- RSD, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9261737 Fax No.: 051-9262019



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.
2. <u>If applicant is not the owner then</u>	
Name Address:	CNIC No. Contact No.
Address.	Fax No.
	E-mail
3. If applicant/owner is foreigner, the	en particulars of the foreigner applicant/owner:
Name	Passport No.
Address:	Contact No.:
	Fax No.:
	E-mail:
4. <u>Have you ever applied for registra</u>	ation and licensing with PNRA in the past:
Yes 🗌 No 🗌	
If Yes:	
a) Location of PNRA office wher	e you applied for registration and licensing:
Islamabad Kundia	
	for registration and licensing:
c) Final decision of PNRA on yo	ur application. Please describe briefly:
5. If already licensed with PNRA, ple	ease provide:
a) License No.:	
b) Status of license: Valid	Suspended Cancelled
,	
Purpose for which license is requ	<u>irea:</u>
7. Details of radiation facility:	
Name of Organization/Hospital/Cer	ntre
Address (including Tehsil, District)	

FORM NO. 13-A

Status of premises	Owned	On lease/rent	

8. Specifications of Radioactive Material:

Radionuclide(s)	Manufacturer	Activity to be purchased per month	Country of Origin

9. Particulars of Employed Radiation Protection Officer(s)/Radiation Workers(s) etc.:

Name	Designation	CNIC No.	Age	Qualification	Experience/Training
		X			

10. Details of associated equipment (Gamma Counter etc.):

Apparatus Type	Sr./I.D. No.	Model No.	Manufacturer	Date of Calibration (If required)	Country of Origin

11. Details of radiation monitoring equipment (If any):

12. Details of available Personal Protective Equipment (PPE):

13. Management of radioactive waste:

 •	 <u></u>	

14. Arrangements for personal dose monitoring:

a) Type of Dosimeter (Film/TLD etc.):

- b) Dosimetry Service Provider Name:
- c) Frequency of Dosimeter Exchange for Dose Assessment:

15. License Fee Information:

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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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:	 	

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 t	ne Owner	:	Signa	ture of the Ap	oplicant: _	 	_
	Dated	:			Dated:		
	×		7	Stamp	of Office:_		
Planca choo	the fello		ents are attach	od/cubmitted			
		of Applicant		eu/submitteu	Yes	No	7
			applicant is no	t the owner)	Yes	No	Ī
			of foreigner app) Yes	No [
			liation Worker(s	5)	Yes	No [
v. Copy	of Owner	rship/Lease	Documents		Yes	No [
		out of the F			Yes	No [
	rience/Tra	aining Certifi	icate(s) of Radi	ation Worker	(s) Yes	No [
viii. Pay	Order/Ban	k Draft/Cop	y of Bank Chall	an	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.

- 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: <u>rnsd3@pnra.org</u>



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

1. Particulars of the applicant:		
Name	CNIC No.	
Designation	<u>1</u>	
Address:		Contact No.
		Fax No.
		E-mail
2. If applicant is not the owner then particulars	<u>s of the owner</u> :	
Name	CNIC No.	
Address:		Contact No.
		Fax No.
		E-mail
3. If applicant/owner is foreigner, then particul		er applicant/owner:
Name	Passport No.	
Address:		Contact No.:
		Fax No.: E-mail:
4. <u>Have you ever applied for registration and I</u>	icensing with PNF	RA in the past:
Yes No		
If Yes:		
a) Location of PNRA office where you app	lied for registratio	n and licensing:
Islamabad 🗌 Kundian	J Karachi	
b) Date (dd-mm-yy) you applied for registr		,
c) Final decision of PNRA on your applica	uon. Please desci	ibe blieny.
5. If already licensed with PNRA, please provi	ide:	
a) License No.:	$\overline{\mathbf{v}}$	
,	uspended	Cancelled
6. <u>Purpose for which license is required</u> :		
o. <u>r arposo lei vinior noonee is required</u> .		
7. Details of radiation facility:		
Name of Organization/Firm		
Address (including Tehsil, District)		

FORM NO. 14-A

Status of premises	Owned	On lease/rent	

8. Specifications of Radiation Generator:

Type of Radiation Generator	Sr./ID. No. of X- ray Tube	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)
Ocherator	X-Tay Tube	140.		Voltage (KV)	Ourion (m/t)

9. Particulars of Employed Professionals/Radiation Worker:

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

11. Details of available Radiation Monitoring Equipment (if any):

12. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.):
- b) Dosimetry Service Provider Name:
- c) Frequency of Dosimeter Exchange for Dose Assessment:

13. License Fee Information:

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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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:

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 App	olicant: _	 	
Dated:		Dated:_	 	
	Stamp of	f Office:		
			 +	
Please check the followin	g documents are attached/submitted:			
iii. Copy of passport iv. Copy of CNIC(s) of v. Copy of Ownersh vi. Plan, Map, Layou vii. Shielding Design viii. Experience/Traini	Owner (if applicant is not the owner) (in case of foreigner applicant/owner) of all Radiation Worker(s) ip/Lease Documents t of the Facility	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No 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.

- 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 USE OF NUCLEAR/X-RAY ANALYZER/DETECTOR

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	of the owner:	
Name	CNIC No.	
Address:		Contact No.
		Fax No. E-mail
2. If applicant/owner is foreigner, then particular	a of the foreigner	
3. If applicant/owner is foreigner, then particular		applicant/owner.
Name Address:	Passport No.	Contact No.:
Address:		Fax 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 applie	d for registration	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 descril	be briefly:
5. If already licensed with PNRA, please provide	<u>e:</u>	
a) License No.:		
b) Status of license: Valid 🗌 Sus	pended	Cancelled
6. Purpose for which license is required:		
7. Details of radiation facility:		
Name of Organization/Industry		
Address (including Tehsil, District)		

FORM NO. 15-A

Status of premises	Owned	On lease/rent	

8. Specifications of Nuclear/X-Ray Analyzer/Detector:

a) Nuclear Analyzer/Detector Gauge

Type of Analyzer/ Detector	Radionuclide(s)	Source ID. No.	Model No.	Activity with Reference Date	Category of SRS	Country of Origin

b) X-Ray Analyzer/Detector

Type of Analyzer/ Detector	Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Country of Origin

9. Particulars of Employed Professionals/Radiation Worker(s):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training		
		1					

10. Details of radiation monitoring equipment (If any):

11. Details of available Personal Protective Equipment (PPE):

.....

.....

12. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.):
- b) Dosimetry Service Provider Name:
- c) Frequency of Dosimeter Exchange for Dose Assessment:
- 13. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

14. Arrangements for security of radioactive source(s):

.....

15. License Fee Information:

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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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:	 	

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.

Sig	nature of the Owner: Signature of	the Applicant:
	Dated:	Dated:
		tamp of Office:
Ple	ase check the following documents are attached/subm	hitted:
	Copy of CNIC of Applicant	Yes 🔲 No 🗌
	Copy of CNIC of Owner (if applicant is not the owner)	
iii.	Copy of passport (in case of foreigner applicant/owner	r) Yes 🗌 No 🗌
		Yes 🗌 No 🗌
٧.	Copy of Ownership/Lease Documents	Yes 🗌 No 🗌
vi.	Plan, Map, Layout of the Facility	Yes 🗌 No 🗌
vii.	Experience/Training Certificate(s) of Radiation Worke	r(s) Yes 🗌 No 🗌
viii.	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: <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>

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
- xii. 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



1. Particulars of the licensee:

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

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

r										
Name			CNIC No.							
Passport No. (In case of foreigner licensee)										
Designation										
Address:		Contact								
				Fax No. E-mail						
				E-mail						
2. <u>License informat</u>	_									
a. Date of Regist	ration with PN	IRA								
b. License No.			c. Validity	/ of License						
3. Any change in lo	ocation of radi	ation equ	<u>iipment</u> :							
Yes	□ No									
If Yes:										
Provide complet	e updated add	aress (ind	cluding mohalla/cha	<u>ak</u> , Tehsil and	District):					
4. Any addition/red	uction in radia	ation gen	erator:							
Yes 🗌	No 🗌									
If Yes:										
Provide details of	of radiation ge	nerator:								
Type of Radiation	Sr./ID.	Model	Manufacturer &	Maximum	Maximum	Addition*/				
Generator	No. of X-ray Tube	No.	Date of	Voltage	Current	Reduction				
(Dental/CT- Scanner, etc.)	Tube		Manufacturing	(kV)	(mA)					
5. Any change in	narticulare of		ed Professionals	(Radiologist)	s)/Radiogra	oher(s)				
etc.):					Sintaulogra	<u>ununu</u>				
Yes	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/	Left /
					Training	Joined

6. Status of previous inspection recommendations:

7. Reference/brief of radiation incident occurred during previous licensing period (if any):

8. 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/Ba	ank 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 License	e:
Date	ed:
Stamp of Off	ice:
Please check the following documents are attached/submitted:	
 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) v. Pay Order/Bank Draft/Copy of Bank Challan 	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) & 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
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: msd3@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: <u>rnsi1a@pnra.org</u>
- 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: <u>rnsi3a@pnra.org</u>



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

1. Particulars of the licensee:

Name	CNIC No.									
Passport No. (In case of foreigner licensee)										
Designation										
Address:	Contact No.									
Fax No.										
E-mail										
2. <u>License information</u> :										
a. Date of Registration with PNRA										
b. License No.	c. Validity of License									
3. Any addition/reduction in radioactive materia	al/radiation generator:									
Yes 🗌 No 🗌										
If Yes:										
a. Provide details of radioactive material (Te	alatharapy/Brachytharapy Source);									
· · · ·										
Radionuclide(s) Source Model Manufactur										
ID. No. No.	Reference of SRS of Reduction Date Origin									
	Date									
b. Provide details of radiation generator (LIN	NAC, X-ray/CT Simulator etc.):									
Apparatu Sr./ID Mode Manufactur Maxi	imum Voltage New/ Country Addition/									
	adiation Refurbishe of Reduction									
	aratus d Origin									
4. Any change in particulars of Employed Pr	ofessionals (Radiation Oncologist(s)/Medical									
Physicist(s)/Radiation Protection Officer(s)/F										
Yes No										

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined
					Training	oonica

5. Status of previous inspection recommendations:

6. <u>Reference/brief of radiation incident/accident occurred during previous licensing period (if any)</u>:

.....

- 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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/B	ank	Draft No.:	 	 	 	
Amount:			 	 	 	
Date:			 	 	 	
Name of the	Bar	nk:		 	 	

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.

		Sig	nature of the Lice	nsee: Dated:	
			Stamp of	f Office:	
Please check the	e following docum	ents are attache	d/submitted:		
i. Updated list a ii. Updated invent iii. List of updated iv. Copy of CNIC(v. Qualification a vi. Pay Order/Bar	l/revised documer s) of newly appoi nd experience cer	material/radiation nts e.g. RPP, etc nted radiation wo rtificate of newly	on generator .(if any) orkers	Yes Yes Yes Yes Yes Yes	No No No No 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.

- 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: <u>rnsd3@pnra.org</u>



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM FOR RENEWAL OF LICENSE FOR NUCLEAR</u> <u>MEDICINE/ NUCLEAR CARDIOLOGY</u>

1. Particulars of t	he licens	ee:												
Name				C	NIC No.									
Passport No. (In	case of	foreigne	r licensee)											
Designation														
Address:							-	act N	0.					
							Fax I E-ma							
										-				
2. <u>License information</u> :														
a. Date of Regi	stration v	with PNF	RA	-1										
b. License No.				С	. Validi	ty of	Licens	se						
3. Any addition/re	duction i	in radioa	ctive source	e and	equipm	ent:								
Yes 🗌	No													
If Yes:														
a. Provide de	tails of se	ealed rad	dioactive so	urces	s:									
Radionuclide(s)	Source	Model	Manufactu		Activity		Cate		Count	ry		ddit		
	ID. No.	No.			Referenc Date	e	of SF	RS	of Origin		R	Redu	ictic	n
					Date				Ongin					
b. Provide deta	ails of un	sealed r	adioactive s	ourc	es:									
Radionuclide(s)	Pharma	aceutical	to be labele	ed	Activity		be pu	rchas	sed Pu	ırpo	ose	Э		
					per mo	nth								
														_
c Provide det	aile of as	enciated	equinment	(gan	nma/DET	cam	ora d		alibrato	or /				

c. Provide details of associated equipment (gamma/PET camera, dose calibrator / multichannel analyzer etc.):

Apparatus	Sr./I.D.	Model No.	Manufacturer	Country of Origin	Addition/Reduction
Туре	No.				

4. <u>Any change in particulars of Employed Professionals (Nuclear Physician(s)/Medical</u> <u>Physicist(s)/Radiation Protection Officer(s)/Radiation Technologist(s) etc.)</u>:

Yes 🔲 No 🗾

If Yes:

Provide details below:

Name	Designation	Designation CNIC No.		Qualification	Experience/ Training	Left Joined	
5. Status of	previous inspectior	recommendation	าร:				
6. <u>Reference</u> <u>any)</u> :	e/brief of radiation i						
	e Information:						
bank down b) Licens	ase renewal fee ma challan may be aloaded from: <u>https</u> se renewal fee may	obtained from re ://www.pnra.org/b / be submitted via	espective oankChala OR Pay Orde	Regional Direc nActivityType.a er/Bank Draft in	ctoraté or may asp	/ be	
	ce PNRA, Islamat			-			
An	nount:						
	ate: ame of the Bank:						
I, here knowledge a Regulations PAK/908, at conditions ar	eby, affirm that all ind belief and I und for the Licensing II other applicable ad directives issued s/revisions issued t	the particulars dertake to abide b of Radiation Fac PNRA Regula d by the Authority	given abo by the prov ility (ies) o itions, reg	ove are correct visions of PNR other than Nuc gulatory orders	t to the best A Ordinance - clear Installatio s, imposed lin	2001, on(s) - cense	
		Si	gnature of	the Licensee:			
				Dated:			
				Stamp of Office	e:		
Please check	the following docu	ments are attach	ed/submit	ied [.]			
Updated alo Updated inv List of upda Copy of CN Qualification	ong with annual doo ventory of radioacti ted/revised docum IC(s) of newly appr n and experience c Bank Draft/Copy of	se record of radia ve material/radiat ents e.g. RPP, et binted radiation w ertificate of newly	tion worke ion genera c. (if any) orkers	ers ator d worker(s)	Yes Ac Yes Ac Yes Ac Yes Ac Yes Ac Yes Ac Yes Ac		
Noto: Llao aun	nlemental sheets wh	are necessary M	ail the com	plataly filled Apr	ligation Form a	long	

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.

- 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: <u>rnsd3@pnra.org</u>





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

1. Particulars of the licensee:

Name			CNIC No.						
Passport No. (In cas	e of foreigne	r licensee)							
Designation									
Address:	-			(Contact N	0.			
					Fax No.				
					E-mail				
2. License informatio	<u>n</u> :								
a. Date of Registra	tion <mark>wit</mark> h PNF	RA							
b. License No.			c. Validi	ty of Li	icense				
 Any addition/reduction in radioactive material/radiation generator: 									
					<u>.</u>				
	No 🗌								
If Yes:									
a. Provide details	of sealed rad	dioactive ma	terial/source:						
Radionuclide(s) Sou	urce Model	Manufactur	er Activity	with (Category	Country	Addition/		
ID.	No. No.		Referen	ce d	of SRS	of	Reduction		
			Date			Origin			
b. Provide details	b. Provide details of gamma projectors:								
Sr./ID. No. Model	No. Manu	ufacturer S	hielding	Co	ountry of	Addition/	Reduction		

Sr./ID. No.	Model No.	Manufacturer	Shielding Material	Country of Origin	Addition/Reduction

c. Provide details of radiation generators:

No

1

Sr./ID. No.	Mode No.	el	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)		Addition/ Reduction

in particulars of Employed Professionals (Radiation Protection 4. Any change Officer(s)/Radiation Worker(s) etc.):

Yes If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

5. Status of previous inspection recommendations:

<u>Reference/brief of radiation incident/accident occurred during previous licensing period (if any)</u>:

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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

OR

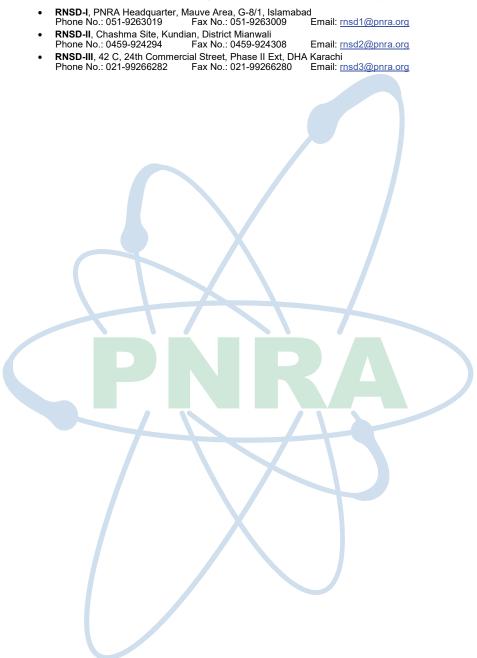
b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of "Director Finance PNRA, Islamabad". Please provide the following details:

Amount: Date:	Pay Order/Bar	k Draft No.:	
Date:	Amount:		
Name of the Bank:	Name of the B	ank:	

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 Licensee	e:		
	Date	d:		
	Stamp of Off	ice:		
Please check the following	g documents are attached/submitted:		 	
ii. Updated inventory of rad iii. List of updated/revised o iv. Copy of CNIC(s) of new	annual dose record of radiation workers dioactive material/radiation generator documents e.g. RPP, etc.(if any) ly appointed radiation workers ence certificate of newly appointed worker(s) copy of Bank Challan	Yes Yes Yes Yes Yes Yes	No No No No 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.





APPLICATION FORM FOR RENEWAL OF LICENSE FOR USE OF NUCLEAR/ X- RAY GAUGE

Bartioulara of the licenses:

1. Particulars of the	ne licensee:								
Name			CN	IC No.					
Passport No. (In	case of fore	gner licensee)		-	1 1				
Designation		, ,							
Address:						Contact	No.		
						Fax No.			-
						E-mail			
2. <u>License informa</u>	ition:								
	istration with	PNRA	1		·				
b. License No.			C.	Validi	ty of	License			
3. Any addition/rec	duction in nuc	clear/x- ray gau	uge:						
Yes 🗌	No 🗆								
If Yes:									
	ails of nuclea	5 5							
				Activity	/	Category	Country	Addition	
(Fixed/	No.	No.	factur			of SRS	of Origin	Reductio	on
Mobile)			er	Refere	nce				
				Date					
b. Provide detai	ils of X-ray ga	auge:							_
Type Sr./I	D. Model	Manufacturer	Ma	ximum	Ma	aximum	Country	Addition/	
(Fixed/ No.	No.		V	oltage	(Current	of Origin	Reduction	n
Mobile)				(kV)		(mA)			
			-						
4. Any change	in particula	rs of Empl	oved	Profes	sion	als (Rad	iation Pro	tection	
Officer(s)/Radia						(uu			
Yes 🗌	No 🗆								
lf Yes: Provide details l	below:								
	Designation	CNIC No.		Age	Our	lification	Experience	e/ Left	/
	Designation	GIVIC IVO.		Aye	Qua	mcauoli	Training	Joine	ed

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/B	ank	Draft No.:	 	 	 	 	
Amount:			 	 	 	 	
Date:			 	 	 	 	-
Name of the	Ban	ık:		 	 	 	

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.

		Si	gnature of the	Licensee	:	 	_
				Dated	d::		_
			Star	np of Offi	ce:	 	_
						 	_
Please check the fi i. Updated list alon ii. Updated inventor iii. List of updated/re iv. Copy of CNIC(s) v. Qualification and vi. Pay Order/Bank	g with annual do ry of radioactive evised document of newly appoint l experience certi	se record of ra material/radiat s e.g. RPP, et ted radiation w ificate of newly	adiation worke ion generator c. (if any) vorkers		Yes Yes Yes Yes Yes Yes Yes	No No No No 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.

- 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: r Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR IRRADIATION

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:	
a. Date of Registration with PNRA	
b. License No.	c. Validity of License

3. Any addition/reduction in radioactive material/radiation generator:

Yes

If Yes:

a. Provide details of radioactive material/source:

No

Type of Irradiator	Radionuclide(s)	ID. No.	Model No.	Manuf- acturer	Activity with Reference Date	Category of SRS	Country of Origin	Addition/ Reduction

b. Provide details of radiation generator:

Type of Irradiator	Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage of Radiation Apparatus	Country of Origin	Addition/ Reduction

4. <u>Any change in particulars of Employed Professionals (Radiation Protection</u> <u>Officer(s)/Radiation Worker(s) etc.)</u>:

Yes 🗌 No 🗌

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/	Left /
					Training	Joined

5. Status of previous inspection recommendations:

.....

<u>Reference/brief of radiation incident/accident occurred during previous licensing period (if any)</u>:

.....

- 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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/Ba	ank I	Draft No.:	 	 	 	
Amount:			 	 	 	
Date:			 	 	 	
Name of the	Ban	k:		 	 	

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.

		Sig	gnature of th	e Licensee: _ 			_
			Sta	amp of Office:			_ /
							_
Please check the f	ollowing docume	ents are attache	ed/submitted				
i. Updated list and	occupational ex	posure data of	workers	Y	es 🗌	No	
ii. Updated invento iii. List of updated/re					es 🗌	No No	H
iv. Copy of CNIC(s)					es	No	
v. Qualification and			appointed w	vorker(s) Y	es 🗌	No	
vi. Pay Order/Bank	Draft/Copy of Ba	ank Challan		Y	es 🗌	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.

- 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>



APPLICATION FORM FOR RENEWAL OF LICENSE FOR OIL WELL <u>LOGGING</u>

1. Particulars of the licensee:

Name		CNIC No.										
Passport No. (In case of foreig	ner licensee)											
Designation												
Address:			Contact I	No.								
			Fax No.									
			E-mail									
2. License information:												
a. Date of Registration with P	NRA											
b. License No.		c. Valid	ity of License									
3. Any addition/reduction in radi	oactive material	/source:										
Yes 🗌 No 🗌												
If Yes:												
Provide details of sealed radioac	tive material/sou	urce:										
Radionuclide(s) Source Mod	el Manufactur	Activity v	with Category	Country	Addition/							
ID. No. No.	-er	Reference		of	Reduction							
	Date Origin											
4. Any change in particula Officer(s)/Radiation Worker(s	rs of Employ <u>a) etc.)</u> :	ed Profes	ssionals (Radi	ation Pro	tection							
Yes 🗌 No 🗍												
If Yes:												
Provide details below:												
Name Designation	CNIC No.	Age	Qualification	Experience	e/ Left /							
Designation		, ige	Quantoution	Training	Joined							
				Ŭ								
5. Status of previous inspection	recommendatio	ons:										
6. Reference/brief of radiation ir												

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:	· · · · ·		

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 Licensee:

	Dat	ed:	
	Stamp of Of	ffice:	
Please check the following door	cuments are attached/submitted:		
ii. Updated inventory of radioac iii. List of updated/revised docu iv. Copy of CNIC(s) of newly ap	pointed radiation workers certificate of newly appointed worker(s)	Yes Yes Yes Yes Yes Yes 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.

- 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



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

Particulars of the licensee

1. Particulars of	of the lice	nsee:							
Name				CNIC No.					
Passport No. (In case c	of foreign	er licensee)						
Designation									
Address:						Contact	No.		
						Fax No.			
						E-mail			
2. License infor	<u>mation</u> :								
a. Date of Re		with PN	IRA						
b. License No	D.			c. Valid	ity of	License			
3. Any addition	reductior	n in radio	active material/	radiation g	enera	ator:			
Yes	No								
If Yes:	-			K					
a. Provide de	tails of r	adioactiv	o matorial:						
				IA 12 11		<u> </u>			
Radionuclide(s)) Source		Manufacturer	Activity N Reference		Category of SRS	Country of		lition/ duction
	ID. NO.	. 110.		Date			Origin	Net	uction
							g	_	
					21				
b. Provide de	etails of r	adiation	generator:						
		Model		Maximu	-	Maximum	Country	0.1	dition/
Apparatus Type	Sr./ID. No.	No.	Manufacturer	Maximu Voltage		Current	Country of		duction/
Турс	110.	TNO.		(kV)		(mA)	Origin		auction
							Ĭ		
4. <u>Any chang</u>		articulars		ed Profes	ssiona	als (Rad	iation Pro	otect	ion
<u>Officer(s)/Ra</u>	diation W	/orker(s)	<u>)</u> :						
Yes] No								
If Yes:									
Provide deta	ils below:								
Name	Desigr	nation	CNIC No.	Age	Qua	lification	Experienc	e/	Left
				5-			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:

v vi 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/Bar	ık Dr	aft No.:	 	 	 	
Amount:			 	 	 	
Date:			 	 	 	
Name of the B						

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 Licensee	e:		_
				Date	ed:		_
			5	Stamp of Off	ice:		_
						<u> </u>	_
Please check the fo	llowing docume	ents are atta	ached/submitt	ed:			
 Updated list along Updated inventor List of updated/re Copy of CNIC(s) Qualification and Pay Order/Bank I 	y of radioactive vised document of newly appoin experience cert	material/rac s e.g. RPP ted radiatio ificate of ne	diation genera , etc.(if any) n workers wly appointed	ator	Yes Yes Yes Yes Yes Yes Yes	No No No No No	
Note: Use supplement with above mentioned						m alor	ıg
For details please cor	ntact your respect	tive Regiona	l Nuclear Safet	y Directorate	(RNSD):		

•		NRA Headquarter, N 051-9263019	lauve Area, G-8/1, Islamaba Fax No.: 051-9263009	d Email: <u>rnsd1@pnra.org</u>
•			an, District Mianwali	
	Phone No.:	0459-924294	Fax No.: 0459-924308	Email: <u>rnsd2@pnra.org</u>
•	RNSD-III, 4	2 C, 24th Commerc	ial 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. Particulars of the licensee:

		<u></u>							
Name				CN	IC No.				
Passport No. (I	n case of	foreigne	r licensee)						
Designation									
Address:							Contact	No.	
							Fax No.		
							E-mail		
2. License inform									
a. Date of Reg		vith PNR	A						
b. License No.				c.	Validit	y o	f License		
3. Any addition/r	eduction i	n radioa	ctive material	/rad	iation de	ene	rator:		
Yes	No								
If Yes:									
a. Provide de	ails of se	aled radi	oactive sourc	es:					
Radionuclide(s)	Source	Model	Manufacturer	Ac	tivity wit	th	Category	Country	Addition/
	ID. No.	No.			ference		of SRS	of Origin	Reduction
				Da	ite			_	
						-			
				÷					<u> </u>
				-					ļ
									L
b. Provide de	ails of un	sealed ra	adioactive sou	urce	s:				
Radionuclide(s)	Pha	armaceut	ical to be labe	eled			to be pure	chased per	Purpose
					mont	h			
		r							

c. Provide details of radiation generator (XRD, XRF etc.):

Apparatus Type	Sr./ No.	Model No.	Manufacturer	Voltage	Current	Country of Origin	Addition/ Reduction
				(kV)	(mA)		

4. <u>Any change in particulars of Employed Professionals (Radiation Protection</u> <u>Officer(s)/Radiation Worker(s))</u>:

Yes 🗌 No 🗌

If Yes: Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

5. Status of previous inspection recommendations:

<u>Reference/brief of radiation incident/accident occurred during previous licensing period (if any)</u>:

- 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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 Orc	ler/Bank	Draft N	o.:	 	 	
Amount				 	 	
Date:				 	 	

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 Licensee:

Dated:

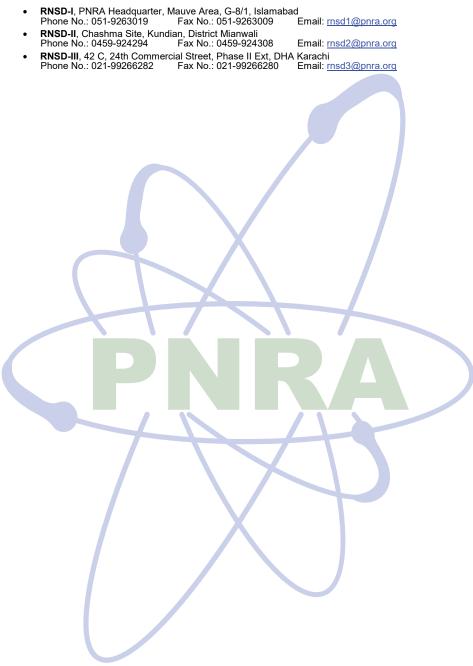
Stamp of Office:

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

í es	No	
ſes	No	
ſes	No	
Yes	No	
/es	No	
/es	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.





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

1. Particulars of the licensee:

Name		CNIC No).		
Passport No. (In o	case of foreigner lice	ensee)			
Designation					
Address:			Contact	No.	
			Fax No.		
			E-mail		
2. License informa	<u>tion</u> :				
a. Date of Regist	tration with PNRA				
b. License No.		c. Val	idity of License		
3. Any addition/red	luction in radioactive	e material/radiation	generator:		
Yes 🗌	No 🗖		-		
If Yes					
a. Provide detai	ls of sealed radioac	tive sources:			
Radionuclide(s)	Manufacturer	Country of Origin	Purpose	Addition/Reduction	
b. Provide details of unsealed radioactive sources:					
Radionuclide(s)		ctivity to b		urpose Addition/	
		ocured/ordered pe onth	r of Origin	Reduction	
o Drovido dotoi	le of radiation gapor	ator.			

c. Provide details of radiation generator:

Apparatus Type	Man	ufacturer	Voltage	Maximum Current	of	Purpose	Addition/ Reduction
			(kV)	(mA)	Origin		

d. Provide details of devices containing radioactive material

4. <u>Any change in particulars of Employed Professionals (Radiation Protection</u> <u>Officer(s)/Radiation Worker(s))</u>:

Yes	No	
If Yes:		

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

5. Status of previous inspection recommendations:

6. <u>Reference/brief of radiation incident/accident occurred during previous licensing period (if any)</u>:

- 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:	

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 Licensee: ______ Dated:_____

Stamp of Office:_____

Page 2 of 3

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 along with 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
 RNSD II. Chashma Site Kundian District Missueli
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>msd2@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>





P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM FOR RENEWAL OF LICENSE FOR FULL- FLEDGED</u> <u>MEDICAL CENTRE</u>

1. Particulars of the licensee:

Name				CN	IIC No.				
Passport No. (In	n case of	foreigne	r licensee)						
Designation									
Address:	Address:						Contact N	lo.	
							Fax No.		
							E-mail		
2. License inform	nation:								
a. Date of Reg	istration v	with PNF	RA						
b. License No.				C.	Validit	y of	License		
3. Any addition/r	eduction i	n radioa	ctive materia	l/rac	diation a	enera	ator:		
Yes 🗌	No			V					
	NO			Λ					
If Yes:									
a. Provide det	ails of se	aled rad	ioactive sourc	ce (\$	SRS) (th	erap	eutic/calibra	ation/blood	l irradiation
source):									
Radionuclide(s)	Source	Model	Manufacture	er	Activity v	with	Category	Country	Addition/
	ID. No.	No.			Referen	се	of SRS	of	Reduction
					Date)		Origin	
b. Provide det	ails of un	sealed r	adioactive so	urce	es (USR	S)(Tł	nerapeutic/l	Diagnostic	:):
Dedienuelide(e)	Dhamma		As he lebeles				we walk a s s d		Dummana

Radionuclide(s)	Pharma	aceutical to be labeled	Activity to be purc	hased per month	Purpose

c. Provide details of radiation generator in radiotherapy (LINAC, X-ray/CT Simulator etc.):

Apparatus	Sr./	ID.	Model	Manufacturer	Maximum	Country	New/	Addition/
Туре	No.		No.		Voltage/Energy		Refurbished	Reduction
						Origin		

d. Provide details of radiation generator in diagnostic radiology (conventional, mammography etc.):

FORM NO. 11-B

Apparatus	Sr./ID.	Model	Manufacturer	Maximum	Maximum	New/	Addition/
type	No. of X-			Voltage	Current	Refurbished	Reduction
	ray Tube			(kV)	(mA)		

4. <u>Details of associated equipment (Gamma/PET Camera, Dose Calibrator/Multichannel</u> <u>Analyzer etc.)</u>:

Apparatu s Type	Mode I No.	Manufacture r	Country of Origin	of Calibration quired)	Addition/ Reductio n

5. <u>Any change in particulars of Employed Professionals (Radiation Oncologist(s)/Nuclear</u> <u>Physician(s)/Radiologist(s) Medical Physicist(s)/Radiation Protection Officer(s)/Radiation</u> <u>Technologist(s)etc.)</u>:

Yes No If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/	Left /
	-				Training	Joined

6. Status of previous inspection recommendations:

<u>Reference/brief of radiation incident/accident occurred during previous licensing period (if any)</u>:

8. 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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 Or	der/Bank Draft No.:
Amoun	t
Name o	of the Bank:

FORM NO. 11-B

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 Licensee	:		_
Dated	d:		
Stamp of Office	ce:		_
Please check the following documents are attached/submitted: Updated list along with annual dose record of radiation workers Updated inventory of radioactive material/radiation generator Updated inventory of radioactive material/radiation generator Updated/revised documents e.g. RPP, etc.(if any) V. 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	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No 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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: msd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
 RNSD-III, 22 4th Comparison Stract, Phone II, Ext. Ph/A Konschild
- 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>



P. O. Box No. 1912, Islamabad

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

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:	
a. Date of Registration with PNRA	
b. License No.	c. Validity of License
3. Any addition/reduction in radioactive mater	ial/radiation generator:
	and didion generator.
Yes 📋 No 🛄	X
If Yes:	
a. Provide details of radioactive material:	
Type of Radionuclide(s) Physical C	Chemical Maximum Use of Addition/
	orm amount that will source Reduction
Source	be processed
(SRS/USRS)	per batch
b. Provide details of radiation generator	

auon generator:

Type of	Maximum	Current	Maximum	Voltage	Use of Equipment	Addition/Reduction
Equipment	(mA)		(kV)			
				7		

4. <u>Any change in particulars of Employed Professionals (Radiation Protection</u> <u>Officer(s)/Radiation Worker(s) etc.)</u>:

Yes No

If Yes: Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

5. Status of previous inspection recommendations:

<u>Reference/brief of radiation incident/accident occurred during previous licensing period (if any)</u>:

.....

7. License Fee Information:

P i. ii. iv. v. vi. 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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/Ba	nk D	raft No.:	 	 	 	
Amount:			 	 	 	
Date:			 	 	 	
Name of the B	ank		 	 	 	

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.

			Signat	ure of	f the License	ee:		_	
					Dat	ed:			
					Stamp of Of	fice:			
								_	
ease check the fo	ollowing docume	ents are atta	ched/s	ubmit	ted:				
Updated list along	•					Yes [_ No		
Updated inventor					ator	Yes	No	Ц	
List of updated/re						Yes [No No	H	
Copy of CNIC(s) Qualification and					d worker(s)	Yes		H	
Pay Order/Bank I				onte		Yes [No		
ote: Use suppleme th above mentione							Form alo	ong	

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: msd1@pnra.org
 RNSD-II, Chashma Site, Kundian, District Mianwali
- RNSD-II, Sidastinia Sile, Kuluari, District Miariwani 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
- RSD, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9261737 Fax No.: 051-9262019

Page	2	of 2



APPLICATION FORM FOR RENEWAL OF LICENSE FOR RADIOIMMUNOASSAY

1. Particulars of the licensee:

Name			CNIC No.						
	 o. (In case of foreiç 	iner licensee)							
Designation	1								
Address:				Contact	No.				
	E-mail								
2. <u>License information</u> :									
a. Date of Registration with PNRA									
b. License	No.		c. Vali	dity of License					
3. Any addition	on/reduction in rad	ioactive materia	and equip	ment:					
Yes				<u></u> .					
If Yes:									
a. Provid	e details of radioad	ctive material:							
Radionuclide	(s) Pharmace	utical to be labe	ed Activity	/ to be	Purpose				
	, ·			ased per month					
b. Provide	e details of equipme	ent:							
			acturer C		n Addition/Re	duction			
Apparatus Type	No.		acturer	ountry of Origir	Addition/Re	eduction			
Турс	NO.								
A Any cha	nge in particula	urs of Employ	red Profes	ssionals (Rad	liation Protec	tion			
	Radiation Workers		eu Tiole.	SSICILIAIS (I VAU	nation riotec				
Yes		<u> </u>							
If Yes:									
Provide de	etails below:								
Name	Designation	CNIC No.	Age	Qualification	Experience/	Left /			
					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/Ba	nk Di	raft No.:	 	 	 	
Amount:			 	 	 	
Date:			 	 	 	
Name of the E	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 Licens	see:	
		Stamp of C	Office:	
Please check the fo	ollowing documents a	are attached/submitted:		
ii. Updated inventor iii. List of updated/re iv. Copy of CNIC(s)	y of radioactive mate vised documents e.g of newly appointed ra experience certificate	adiation workers e of newly appointed worker(s	Yes Yes Yes Yes Yes Yes Yes	No No No No No
Note: Use suppleme	ntal sheets where nec	essary. Mail the completely filled	d Application Fo	rm along

with 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
- 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>r</u> Email: rnsd3@pnra.org



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

1. Particulars of the licensee:

Name	CNIC No.							
Passport No. (In case of foreigner licensee)								
Designation								
Address:	Contact No.							
	E-mail							
2. <u>License information</u> :								
a. Date of Registration with PNRA								
b. License No.	c. Validity of License							
3. Any addition/reduction in radiation generator	-							
Yes 🗌 No 🗍								
If Yes:	\sim /							
Provide details of radiation generator:								
	Manufacturer Maximum Maximum Addition/							
Generator X-ray Tube No.	Voltage Current Reduction							
	(kV) (mA)							
4. Any change in particulars of Employed Profe	essionals (Radiation Worker(s)):							
Yes No								
If Yes:								
Provide details below:								
Name Designation CNIC No.	Age Qualification Experience/ Left /							
3	Training Joined							
5. Status of previous inspection recommendation	<u>ons</u> :							
6. Reference/brief of radiation incident occurred	d 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:.....

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 Licensee:
Dated:
Stamp of Office:
Please check the following documents are attached/submitted:
Updated list along with annual dose record of radiation workers Yes No

Yes

Yes

Yes

No

No

No

ii. Upd

i.

- iii. Copy of CNIC(s) of newly appointed radiation workers
- iv. Qualification and experience certificate of newly appointed worker(s) v. 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.

- 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 Fax No.: 0459-924308 Phone No.: 0459-924294 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 RENEWAL OF LICENSE FOR USE OF NUCLEAR/X-RAY ANALYZER/DETECTOR

1. Particulars of the licensee:

r										
Name					CNI	CN	0.			
Passport N	o. (In case of	foreig	ner licer	nsee)						
Designation	Designation									
Address: Contact No.										
	Fax No.									
	E-mail									
2. <u>License ir</u>	formation:									
	Registration	with P	NRA 📃							
b. License	No.				C.	Val	idity of L	icense		
3. <u>Any additi</u>	on/reduction	in nuc	lear/x-ra	ay analy	zer/d	leteo	ctor:			
Yes	🗌 No				X					
If Yes:										
a. Provid	le details of r	uclear	analyze	er/detec	tor:					
Type of	Radionuclid	e(s)	Source	Manuf	actur	rer	Initial	Present	Country	Addition/
Analyzer			ID. No.				Activity		of	Reduction
/Detector							with	with	Origin	
							Date	Date		
b. Provide	e details of X	Ray A	nalyzer/	Detecto	or:					
Type of	Sr./ID.	Mod	lel Ma	nufactu	rer	Мах	kimum	Maximum	Country	Addition/
Analyzer	No.	No.					3	Current	of	Reduction
/Detector						(kV)		(mA)	Origin	
		1								1

4. Any change in particulars of Employed Professionals (Radiation Worker(s)):

Yes No If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

5. Status of previous inspection recommendations:

.....

-
- <u>Reference/brief of radiation incident/accident occurred during previous licensing period (if</u> <u>any)</u>:

.....

- 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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/Ba	nk D	raft No.:	 	 	
Amount:			 	 	
Date:			 	 	
Name of the E	Bank		 Λ.	 	

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 Licensee:

Stamp of Office:

Dated:

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

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 along with 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: msd1@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: <u>rnsd3@pnra.org</u>

Annexure III: Application Forms for Obtaining Specific Authorization

- i. 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



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

1.	. Particulars of the Licensee:									
	Nam	е			CNIC	No.				
		port No. (In d	case of fore	igner lice	ensee)					
	Designation									
	Address: Contact No.									
	Fax No. E-mail									
2.										
		Date of Regis	tration with		X					
	b. L	icense No.			с.	Validity of	of License			
3.	Tech	nnical Specifi	<u>cation</u> :							
	Sr.	Type of		Model	Manufa		Maximum	Maximum	New/	
	No.	Radiation Generator	No. of X- ray Tube	No.		ate of acturing	Voltage (kV)	Current (mA)	Used	
		Concrator	Tuy Tube		manare	Jotannig	((()))			
4.	<u>Adm</u>	inistrative Inf	formation:							
	a. P	urpose of im	port							
	b. E	xpected date	e of import							
		lame & addre xporter	ess of							
	d. Name & address of Supplier									
	e. C	Country of orig	gin							
	f. N	Node of shipn Air/Sea/Land	nent							
5	```	ation for Insta	,	of Radia	tion Gen	erator.]	

(Address including Tehsil & District)

6. Any other Information: 7. 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 Licensee: Dated: Stamp of Office: Please check the following documents are attached/submitted: i. Airway bill/bill of lading No Yes ii. Commercial invoice Yes No iii. Packing list Yes No iv. Technical specification sheet of radiation generator Yes No v. Sale/stock report of radiation equipment in case of importers Yes No vi. Fitness certificate in case of used/refurbished Yes No radiation generator vii. Pay Order/Bank Draft/Copy of Bank Challan No Yes * NOC is granted to registered/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.

- 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>



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

1. Particulars of the Licensee:

Nan	ne	CNIC No.		
Pas	sport No. (In case of foreigner lic	ensee)		
Des	ignation			
Add	lress:		Contact No.	
			Fax No.	
			E-mail	
2. <u>Lic</u> e	ense Information:			
a.	Date of Registration with PNRA			
b.	License No.	c. Validity o	f License	
3. <u>Tec</u>	chnical Information:	X		
i.	Name of radioactive source(s)	material		
ii.	Name of device containing rad	ioactive material		
iii	Radioactive source(s) identification	ation no(s). along	with	

iii.

	copy of manufacturer certificate(s)
iv.	Sealed or unsealed
٧.	Physical form of source(s)/material
vi.	Chemical composition
vii.	Number of radioactive sources along with Activity of each source or total quantity of radioactive material at the time of import
viii.	Certificate of package/container according to PNRA Transport Regulations (PAK/916)
ix.	Identification mark of the package/container
х.	Type of the package/container
xi.	Category of the package/container
xii.	Transport index
xiii.	United Nations number with proper shipping name

4. Administrative 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)

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:	
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. Authorization Fee Information: a) Authorization fee may be submitted via Askari Bank (All branches). The Askari challan may be obtained from respective Regional Directorate or may be downloor from: https://www.pnra.org/bankChalanActivityType.asp OR b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of "Directorate or NRA, 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 correct.	
viii. usage ix. Arrangements for the disused source(s) 5. Any other Information: a) Authorization Fee Information: a) Authorization fee may be submitted via Askari Bank (All branches). The Askari challan may be obtained from respective Regional Directorate or may be download from: https://www.pnra.org/bankChalanActivityType.asp	
 5. <u>Any other Information</u>: 6. <u>Authorization Fee Information</u>: a) Authorization fee may be submitted via Askari Bank (All branches). The Askari challan may be obtained from respective Regional Directorate or may be downlow from: <u>https://www.pnra.org/bankChalanActivityType.asp</u> b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of "Directorate 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 correct. 	
 6. <u>Authorization Fee Information</u>: a) Authorization fee may be submitted via Askari Bank (All branches). The Askari challan may be obtained from respective Regional Directorate or may be downlow from: https://www.pnra.org/bankChalanActivityType.asp b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of "Directorate 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 correct. 	
 6. <u>Authorization Fee Information</u>: a) Authorization fee may be submitted via Askari Bank (All branches). The Askari challan may be obtained from respective Regional Directorate or may be download from: https://www.pnra.org/bankChalanActivityType.asp b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of "Direction 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 correct. 	
 a) Authorization fee may be submitted via Askari Bank (All branches). The Askari challan may be obtained from respective Regional Directorate or may be downlow from: <u>https://www.pnra.org/bankChalanActivityType.asp</u> b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of "Directorate 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 correct. 	
 a) Authorization fee may be submitted via Askari Bank (All branches). The Askari challan may be obtained from respective Regional Directorate or may be downlow from: <u>https://www.pnra.org/bankChalanActivityType.asp</u> b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of "Directorate 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 correct. 	
 a) Authorization fee may be submitted via Askari Bank (All branches). The Askari challan may be obtained from respective Regional Directorate or may be downlow from: <u>https://www.pnra.org/bankChalanActivityType.asp</u> b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of "Directorate 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 correct. 	
 b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of "Direction 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 correct. 	
Amount: Date: Name of the Bank: I hereby confirm that all the particulars given by me in this application are true correct.	ector
Date: Name of the Bank: I hereby confirm that all the particulars given by me in this application are true correct.	
Name of the Bank: I hereby confirm that all the particulars given by me in this application are true correct.	
I hereby confirm that all the particulars given by me in this application are true correct.	
correct.	
	and
Signature of the Licensee:	
Dated:	
Stamp of Office:	
Please check the following documents are attached/submitted:	
i.Airway bill/bill of lading Yes No ii.Packing list Yes No iii.Commercial invoice Yes No iv.Manufacturer's source certificate Yes No v.Special form certificate of sealed radioactive source Yes No vi.Shipper's declaration of dangerous goods Yes No vii.Package design certificate Yes No viii.Copy of issued permit Yes No ix.Undertaking from manufacturer or supplier to accept Yes No the return of the source(s) after useful life Yes No	
x.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: msd1@pnra.org

- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
 PNOP 42.0.04th Communical Detact Discussion Data and D
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>msd3@pnra.org</u>



P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM TO OBTAIN NO OBJECTION CERTIFICATE</u> (NOC)* FOR LOCAL PURCHASE OF RADIOACTIVE MATERIAL/RADIATION GENERATOR

- Name
 CNIC No.
 Image: CNIC No.

 Passport No. (In case of foreigner licensee)
 Image: Contact No.
 Image: Contact No.

 Address:
 Fax No.
 Image: Contact No.
 Image: Contact No.
- 2. License Information:
 - a. Date of Registration with PNRA

 b. License No.

 c. Validity of License
- 3. Particulars of Manufacturer/Supplier:

Name	PNRA Lice	ense No.			
Address:		0	Contact N	lo.	
		F	ax No.		
		E	-mail		
		Ν	ITN No.	(if any)	

4. Technical Information of Radioactive Material/Radiation Generator:

a. Unsealed Radioactive Source (USRS)

Sr. No.	Radion	uclide	e(s)	mace Labe	Ma r	inu	factu	re	Activity Purchas week/m	ed	per	Purpos	se	
				1										
										_				

b. Sealed Radioactive Source (SRS)

Sr. No.	Radionuclide(s)	Source ID. No.	Manufacture r	Reference Activity with Date	Purpos e

c. Radiation Generator

Sr. No.	Radia	tion	Sr./ID. No. of X- rav Tube	Manufact- urer	Maximum Voltage (kV)		New/ Refurbished
	0.0110	cito.			()	(

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

.....

6. Details of Package/Container:

Type of Package	Category of Package	Identification No.	Transport Index	Design Validity

- 7. 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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/B	ank	Draft No.:	 	 	 	
Amount:			 	 	 	
Date:			 	 	 	
Name of the	Ban	k:	 	 	 	

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

Signature of the Licensee:

Dated:

				Stamp of Of	ffice:		
Please check the	following docu	ments are attac	hed/submit	ted:			
Pay Order/Bank [Draft/Copy of Ba	ank Challan		Yes	;	No	
Sealed Radioact	ive Source (SF	RS)					
i.Manufacturer so	ource certificate			Yes	;	No	
ii.Special form ce	rtificate			Yes		No	
iii.Package desigr	n certificate			Yes	; 🗍	No	
iv.Shipper's decla	ration of dange	rous goods (if re	equired)	Yes		No	
Unsealed Radio	active Source	(USRS)					
i. Manufacturer	source certifica	ite		Yes	; 🗌	No	
ii.Package desigr	n certificate			Yes	; 🗍	No	
Radiation Gener	ator						
i.Technical speci	fication sheet o	f radiation gene	erator	Yes		No	
ii.Fitness certifica	ite in case of us	ed/refurbished		Yes	s 🗌	No	
radiation gene	erator						
•							

*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.

- 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: msd2@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



P. O. Box No. 1912, Islamabad

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

1. Particulars of the Licensee:

Name	CNIC No.			
Passport No. (In case of foreigner licer	nsee)			
Designation				
Address:		Contact N	lo.	
		Fax No.		
		E-mail		

2. License Information:

a. Date of Registratio	n with PNRA			
b. License No.		c. Validit	y of License	

3. Technical Information:

1	<u> </u>	Type of Dediction	Cr /ID No	Madal	Manufact	Maximum	Maximum	
	Sr.	Type of Radiation	Sr./ID. No.		Manufact	Maximum		
	No.	Generator	of X-ray	No.	-urer	Voltage	Current	
			Tube			(kV)	(mA)	

4. Administrative 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)
1	

5. Any other Information:

6. Authorization Fee Information:

 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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.

Sig	gnature	of the	Licensee:	
	-			_

Dated:

Stamp of Office:

Please check Pay Order/Bank Draft/Copy of Bank Challan Yes D 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.

- 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: msd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: msd3@pnra.org



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

1.	Particulars of the Licensee:				
Ī	Name	CNIC No.			
Ī	Passport No. (In case of foreigner lice	nsee)			
Ī	Designation				
Ī	Address:		Contact N	lo.	
			Fax No.		
			E-mail		
2.	License Information:				

2. License Information:

a.	Date of Registra	tion	with PNRA			
b.	License No.			C	2. Validity of License	

3. Technical Information:

. <u>Te</u>					
i.	Name of radioactive source(s)/material				
ii.	Name of device containing radioactive material				
iii.	Radioactive source(s) identification no(s). along with copy of manufacturer certificate(s)				
iv.	Sealed or unsealed				
v.	Physical form of source(s)/material				
vi.	Chemical composition				
vii.	Number of radioactive sources along with Activity of each source or total quantity of radioactive material at the time of export				
viii.	Certificate of package/container according to PNRA Transport Regulations (PAK/916)				
ix.	Identification mark of the package/container				
x.	Dose rate at the surface of package/container				
xi.	Transport Index				
xii.	Category of the package/container				
xiii.	Type of the package/container				
xiv.	v. Design validity certificate of the package/container				
xv.	United Nations Number with proper Shipping Name				
xvi.	Wipe Test (Bq/cm²) of Package a. Dry b. Wet				
	a. Dry				

4. Administrative Information:

. 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	of						
5. <u>Any</u>	<u>vother Information</u> :							
 6. Aut	horization Fee Information:							
 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u> OR 								
D)	Authorization fee may be submitted via Pay Order Finance PNRA, Islamabad". Please provide the fo							
	Pay Order/Bank Draft No.:							
	Amount:							
	Date:							
	Name of the Bank:							
correct	I hereby confirm that all the particulars given by m	ne in this application are true and						
0011000		of the Licensee:						
		Dated:						
		Stamp of Office:						
Please	check the following documents are attached/submitt	ited:						
(for	nufacturer's source certificate only sealed radioactive source(s))	Yes No						
ii.Spe	ecial form certificate of radioactive source pper's declaration of dangerous goods	Yes No Yes No						
iv.Pao	ckage design certificate	Yes 🗌 No 🗍						
	horization/NOC issued by destination country to category-3 sealed radioactive source)	Yes 📋 No 📋						
	/ Order/Bank Draft/Copy of Bank Challan	Yes 🗌 No 🗌						
* <u>NOC i</u>	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.

- 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.: 021-99266280
 Email: <u>rnsd3@pnra.org</u>



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

1.	Pa	Particulars of the applicant/licensee:						
	Nam	ne			CNIC No			
	Passport No. (In case of foreigner licensee)							
	Designation							
	Addr	ress:					ntact No.	
							x No. mail	
2.	Lice	ense infori	mation:				Indii	
	a. C	Date of Re	gistration with	1 PNRA				
		icense No			c. Valid	ity of Licens	se	
3.	Information about DSRS to be reused:							
	Radi	ioisotope	Source ID. No.	Reference with date	Activity	Category SRS	of Physical Form	Designed for (Purpose)
			NO.	with uate		51.5	FOIII	(Fulpose)
4.	<u>Adı</u>	ministrativ	e/Technical ir	formation:				
	i.	Purpose	of reuse of D	SRS				
Detailed justification for reuse of DSRS:								
	ii.							
	iii. Name of the facility from which DSRS is to be obtained							
	iv. Mode of transfer/shipment (Air/Sea/Land)							
	v. Arrangement for safe and secure transportation of DSRS from the existing facility to the new facility							
			any modificative required?	tion in the e	xisting pra Yes /			
	vi.	i. Mod ii. Cert	tach the follow ification and i ificate from re on to show th	ts justificati elevant orga	nization/c		J	
		devi	ce is in line w	ith the appl	icable sta	ndard(s)		

5. Any other information:

.

Page 1 of 2

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

Signature of the app	licant/licensee:
	Dated:
Charma of Office Cool	
Stamp of Office Seal	of Office:
Please check the following documents are attached/submitted: i. Copy of manufacture's source certificate of DSRS (if DSRS is not taken from disposal facility)	Yes 🗌 No 🗌
 ii. Overall plan/strategy for the reuse of DSRS including the following information but not limited to: a. Design and Tech/Specs of the DSRS b. Design and Tech/Specs of the Proposed Practice c. Handling equipment and resources d. Personnel protective equipment (s) e. Technical manpower capabilities f. Arrangements for safe storage of radioactive source 	Yes No
 g. Security measures during transport, storage and re h. Shielding calculations (if applicable) 	
* NOC is granted to valid license holder of PNRA	
Note: Use supplemental sheets where necessary. Mail the completely with above mentioned documents to the concerned Regional Directorat. For details please contact your respective Regional Nuclear Safety Dire	e of the Authority.
RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad	
Phone No.: 051-9263019Fax No.: 051-9263009En• RNSD-II, Chashma Site, Kundian, District MianwaliPhone No.: 0459-924294Fax No.: 0459-924308En• RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Ka	nail: <u>rnsd1@pnra.orq</u> nail: <u>rnsd2@pnra.orq</u> arachi nail: <u>rnsd3@pnra.orq</u>
	\mathbf{P}



APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSFER/SALE OF RADIOACTIVE SOURCE/RADIATION **GENERATOR**

1.	Particulars of the Transferor:		
	Name	CNIC No.	
	Passport No. (In case of foreigner lice	ensee)	
	Designation		
	Facility Name	License No.	
	Address:	-1	Contact No.
			Fax No.
			E-mail
	a. License No.	b. Validity of	License:
2.	Particulars of the Transferee*:		
	Name	CNIC No.	
	Designation		
	Facility Name	License No.	
	Address:	Contact No.	
			Fax No.
			E-mail
	Date of Licensing with PNRA License No.	Date of Iss	
	Validity of License	Date of 15	suance
0			
3.	Specifications of Radioactive Source	Radiation Ger	<u>herator</u> :
	a. <u>Radioactive Source(s)</u>		
	Sr. Radionuclide(s) Source	Model Manufa	acture Reference Categ Countr
	No. ID. No. I	No. r	Activity ory of y of
			with Date SRS Origin
	b. <u>Radiation Generator</u>		

Sr. No.	Type Radia	Sr./ID. No. of X-ray	Model No.	Manufact -urer	Maximu m	Maximu m	New/ Refurbished
110.	Gene	Tube	110.	urer	Voltage	Current	Refutbiolited
					(kV)	(mA)	

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

Signature of the Tra	ansferor:	
	Dated:	
Stamp of	of Office:	
Signature of the Tra	nsferee:	
	Dated:	
Stamp of	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.

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

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



P. O. Box No. 1912, Islamabad

APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSFER OF RADIOACTIVE MATERIAL TO RADIOACTIVE WASTE MANAGEMENT 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: a. Date of Registration with PNRA b. License No. c. Validity of License 3. Specifications of Radioactive Material: a. Sealed Radioactive Source (SRS) Sr. Radionuclide(Source Model Manufac-Activity Category Countr with Reference of SRS No. s) ID. No. No. turer v of Date Origin b. Unsealed Radioactive Source (USRS) Radionuclide(s) Sr. Chemical Physical Total Total No. Form Form Activity Volume 4. Check the applied Radioactive Waste Management Facility: a) PINSTECH, Islamabad \square b) KANUPP, Karachi 5. Arrangements for Safety and Security during Transport of Radioactive Source: I hereby confirm that all the particulars given by me in this application are true and correct.

Signature of the Licensee:

Dated: _____

Stamp of Office:_____

Please check the following documents are attached/submitted:

- i. Manufacturer source certificate of DSRS
- ii. Package design certificate for sealed radioactive sources (if applicable)

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



P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM TO OBTAIN AUTHORIZATION FOR</u> <u>DECOMMISSIONING OF RADIATION FACILITY</u>

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:
	a. License No. b. Validity of License
3.	Details of Radioactive Material/Radiation Generator:
4.	Reason and Justification for Decommissioning:
	I hereby confirm that all the particulars given by me in this application are true and correct.
	Signature of the Licensee:
	Dated:
	Stamp of Office:
ΡI	ase check the following documents are attached/submitted:
i.	Final Decommissioning Plan Yes 🔲 No 🗌
ii.	Any other relevant document Yes No
	e: Use supplemental sheets where necessary. Mail the completely filled Application Form along with ve mentioned documents to the concerned Regional Directorate of the Authority.
Fc	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



P. O. Box No. 1912, Islamabad

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

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:

a. License No.		b.	Validity of	License

3. Specifications of Radioactive Material:

Sr. No.	Radionuclide(s)	Source ID. No.	Model No.	Manuf- acturer	Initial Activity with Date	Present Activity with Date	Countr y of Origin	Category of Source

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

Signature of the Licensee:

Dated: _ Stamp of Office:

Yes

Yes

No

No

Please check the following documents are attached/submitted:

- i. Manufacturer source certificate
- ii. Technical supporting documents

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.

- 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
- RNSD-III, Chastillita Site, Rundian, District Mianwall 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



APPLICATION FORM TO OBTAIN AUTHORIZATION FOR HEALTH SCREENING/BIOMEDICAL RESEARCH

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:
	a. Date of registration with PNRA
	b. License No. c. Validity of License
3.	Reason and Justification for the Health Screening/Biomedical Research:
4.	Purpose of Health Screening/Biomedical Research:
5.	Specification of Radioactive Material/Radiation Generator to be used:
6.	Particulars of Medical/Health Professional to be involved:
	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:

Please check the following documents are attached/submitted:

- i. Authorization from the relevant Govt. Departments
- iii. Approval from ethics committee (national or provincial level) Yes

	No	
	No	
٦	No	

Yes

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.

- 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
- Fax No.: 0459-924308 Email: rnsd2@pnra.org Phone No.: 0459-924294 RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
- Fax No.: 021-99266280 Phone No.: 021-99266282 Email: rnsd3@pnra.org





P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM TO OBTAIN AUTHORIZATION FOR</u> <u>MODIFICATION* AT RADIATION FACILITY</u>

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:
	a. Date of Registration with PNRA
	b. License No. c. Validity of License
3.	Purpose of Modification/Change:
4.	Reason and Justification for the Modification/Change:
	I hereby confirm that all the particulars given by me in this application are true and correct
	Signature of the Licensee:

Dated:

Stamp of 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 (SAR),	Radiation protect	tion
	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.

- 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 TO OBTAIN AUTHORIZATION FOR TRANSFER</u> <u>OF/AMENDMENT/CHANGE IN LICENSE</u>

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: a. Date of Registration with PNRA b. License No. c. Date of Issuance of Current License d. Validity of License e. Purpose of License 3. Details of Transfer of/Amendment/Change in License: a. Transfer to Next of Kin b. Change in Location of the Facility c. Transfer/Sell out to any other d. Change in Scope of License/Authorization person current location on a. Transfer to Next of Kin Name CNIC No. Blood Relation Designation Address: Contact No. Fax No. 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 person on current location* Particulars of the individual to whom the license will be transferred Name CNIC No. Designation Address: Contact No. Fax

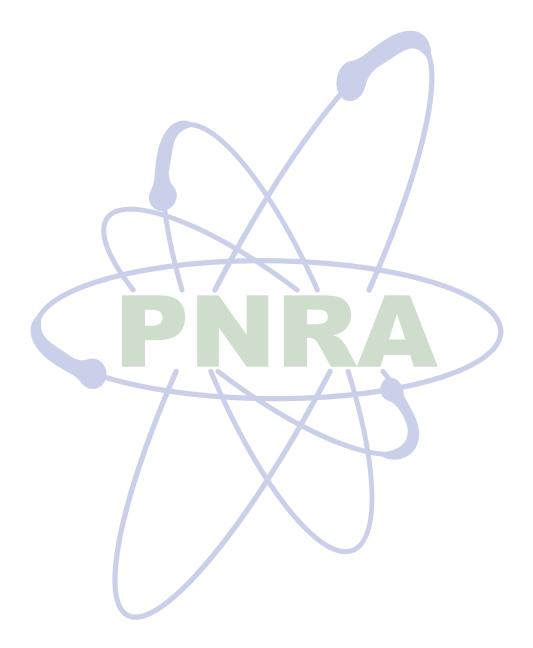
	INO.
	E-mail
In Case of Change in Name of the Facility	
Current Name of the Facility	
New Name of the Facility	

No

d. Change in Scope of License/Authorization*#

	Current Scope of
	License/Authorization
	New Scope of License/Authorization
I	Reason for Change
	Provide details/documents regarding assessment of impact on safety and security due to the proposed amendment (if applicable):
5.	Transfer/Amendment Fee Information*:
	a) Transfer/Amendment/Change in License/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: <u>https://www.pnra.org/bankChalanActivityType.asp</u> OR
	b) Transfer/Amendment/Change in License/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:
	Dated:
	stamp of Office:
i. ii. iii. iv. Note	ase check following documents are attached/submitted: CNIC of next of kin in case of transfer to next of kin Yes No Pay Order/Bank Draft/Copy of Bank Challan Yes No Updated licensing documents (i.e. Safety Analysis Report (SAR), Radiation protection program (RPP), etc.) Yes No Any other relevant document exceeded to the concerned Regional Directorate of the Authority.
	case of 3(b), (c) and (d), fee for transfer/ amendment/ change in license/ authorization will be icable.
	case of 3(b) and (d), submission of assessment report regarding impact on safety and security due e proposed amendment/ change along with relevant documents will be applicable.
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>msd2@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

<u>APPLICATION FORM TO OBTAIN AUTHORIZATION FOR</u> <u>SURRENDER OF LICENSE</u>

1. Particulars of the Licensee:

Name		CNIC No.							
Passport No	o. (In case of foreigner	licensee)							
Designation									
Address:			C	cont	act	No.			
			F	ax I	No.				
			E	-ma	ail				

2. License Information:

a. Date of Registration with PNRA	b. License No.
c. Date of Issuance of Current License	d. Validity of License
e. Purpose of License	

3. Specifications of Radioactive Material/Radiation Generator:

a. Radioactive Material

Radionucli	de(s)	Source ID. No.	Model No.	Manufacture r	Activity with Reference Date	Country of Origin	Category of Source
	イ						

b. Radiation Generator

Type of	Sr./ID. No. of X-	Model No.	Manufacturer	Maximum	Maximum
Radiation	ray Tube			Voltage	Current
Generator				(kV)	(mA)

4. Reason and Justification for Surrender of License*:

 Arrangements for Transfer of Radioactive Source(s) to Designated Waste Management Facility/ Return to Supplier/Sale of Radioactive Source(s)/Radiation Generator to other Person:

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

Signature of the Licensee:	
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.

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

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: rnsd3@pnra.org



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

APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSIT/ TRANSPORT OF RADIOACTIVE MATERIAL/CONTAMINATED ITEMS

1. Particulars of the Applicant/Consignor:

2. Technical Information: i. Name of radioactive source(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(s)/material v. Chemical composition Number of radioactive sources along with radioactive material at the time of transit/transport vii. Certificate of package/container according to PNRA Transport Regulations (PAK/916) viii. Identification mark of the package/container ix. Type of the package/container xi. Category of the package/container xii. United Nations number with proper shipping name 3. Administrative Information: ii. Country of origin iii. Name and address of consignee iv. Name and address of shipper v. Country/address of final destination vi. Mode of shipment (Air/Sea/Land)				
i. Name of radioactive source(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(s)/material v. Chemical composition Number of radioactive sources along with radioactive material at the time of transit/transport radioactive for package/container according to PNRA Transport Regulations (PAK/916) viii. Certificate of package/container according to PNRA Transport Regulations (PAK/916) viii. Identification mark of the package/container ix. Type of the package/container xii. Category of the package/container xii. Transport index xiii. United Nations number with proper shipping name 3. Administrative Information: ii. Expected date of transit/transport iii. Name and address of consignee iv. Name and address of shipper v. Country/address of final destination vi. Mode of shipment (Air/Sea/Land)	Name & Designation	CNIC/Passport No.	Organization	<u>Country</u>
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v. Country/address of final destination vi. Mode of shipment (Air/Sea/Land)	iii. Name and address o	f consignee		
vi. Mode of shipment (Air/Sea/Land)	iv. Name and address of	shipper		
	v. Country/address of fir	nal destination		
	vi. Mode of shipment (A	ir/Sea/Land)		
vii. Security measures during transit/transport	vii. Security measures d	uring transit/transport		

4. Any other Information:

		Page 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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: _

Dated:

Stamp of Office:

Please check the following documents are attached/submitted:

i.Manufacturer's source certificate	Yes	No	
ii.Special form certificate of radioactive source	Yes	No	
iii.Shipper's declaration of dangerous goods	Yes	No	
iv.Package design certificate	Yes	No	
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):

- 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: msd2@pnra.org
 RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
- 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 IMPORT PERMIT FOR THE **PROCUREMENT OF RADIATION SOURCE**

1. Particulars of the Licensee:

											. · · · ·	
Name					CNIC	No.						
Passpo	rt No.	(In case	of foreigr	ner licen	see)							
Designa	ation											
Address:					C	ontact	No.					
								Fa	ax No.			
								E-	mail			
License	e Infor	mation:										

2. License Information:

a. Date of Registration with PNRA		
b. License No.	c. Validity of License	

- 3. Technical Information of Radioactive Source/Radiation Generator:
- a. Radioactive Source(s)

Sr. No.	Name of radioactive source(s)/material	Sealed or unsealed	Physical form of source(s)/material	Number of radioactive sources or total quantity of radioactive material

b. Radiation Generator

Sr. No.	Type of Radiation Generator	Model No.	Manufacturer	Maximum Voltage/ Energy	Maximum Current
			$\overline{}$	7	

4. Administrative Information:

	i.	Purpose of import
	ii.	Country of origin
5.	<u>Ar</u>	v other Information:

- 6. <u>Authorization Fee Information</u>:
 - 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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: Please check the following documents are attached/submitted: i.Pay Order/Bank Draft/Copy of Bank Challan Yes No ii. Technical Specification Documents (If any) Yes No * Import Permit is granted to registered/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: 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

 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 1912, Islamabad

www.pnra.org