



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR AUTHORIZATION OF SERVICE PROVIDERS FOR MAINTENANCE AND TESTING OF RADIATION APPARATUS

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 already licensed with PNRA, please provide:

- a) License No..... b) Type of facility/activity.....
c) Status of license: Valid ☐ Suspended ☐ Revoked ☐

4. Name of Radiation Apparatus for which services will be provided:

- a) CT-Scanner ☐ b) Medical Diagnostic X-ray Machine ☐
c) Fluoroscopy Machine ☐ d) Dental X-ray Machine ☒
e) Angiography Machine ☐ f) Mammography Machine ☐
g) C-Arm Machine ☐ h) Any other (please specify).....

5. Details of Service Provider:

Name of Organization/Firm			
Address of Premises			
Status of Premises	Owned <input type="checkbox"/>	On lease /rent <input type="checkbox"/>	

6. Details of available Personal Protective Equipment (Lead Apron, Lead Gloves, Lead Glasses, etc.):

.....
.....

7. Arrangements for personal dose monitoring:

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

8. License Fee Information:

a) License fee may be submitted via **Askari Bank** (All branches). The Askari bank challan may be downloaded from: <https://www.pnra.org/bankChalan.asp>

OR

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

Pay Order/Bank Draft No.:

Amount.....

Date.....

Name of the Bank.....

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 Authorization of Service Providers to Nuclear Installations and Radiation Facilities - (PAK/906), all other applicable PNRA Regulations, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued there to.

Signature of the Owner: _____ Signature of the Applicant: _____

Dated: _____ Dated: _____

Seal of Office: _____

Please check the following documents/information are attached/submitted:

- | | | |
|--|------------------------------|-----------------------------|
| i. Copy of CNIC of Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ii. Copy of CNIC of Owner (if applicant is not the owner) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| iii. Copy of CNIC(s) of all Radiation Worker(s) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| iv. Copy of Ownership/Lease Documents | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| v. Current Inventory of X-ray Tubes (if any) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| vi. Details about the Layout and Shielding Design of the Lab/Facility for Repair/Maintenance Activities (if any) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| vii. Pay Order/Bank Draft/Copy of Bank Challan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Licensing Submissions:

- | | | |
|---|------------------------------|-----------------------------|
| a. Detailed scope of work for which authorization is required | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Detailed description of the individual's/organization's capability for the scope of work to be performed along with equipment used, calibration certificates (where applicable), facilities available and relevant past experience | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Detail of the organization's technical manpower, their qualification and experience | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Management System/Quality Assurance Program (QAP) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Training and retraining specific to the equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Note: Use supplemental sheets where necessary. Mail/submit the completely filled application form along with above mentioned documents to Directorate of Radiation Safety (RSD), PNRA Headquarter, Mauve Area, G-8/1, Islamabad.