



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR AUTHORIZATION OF SERVICE PROVIDERS FOR RADIATION DOSIMETRY**

### 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. Details of Service Provider:

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

### 5. Type of Radiation Dosimetry Services for which Authorization is required:

- a) Personal Dosimetry External ☐ Internal ☐  
b) Environmental Dosimetry ☐

### 6. Details of Personal Dosimetry Services to be provided:

#### a) For External Dosimetry

Dosimeter Make and Model	Dosimeter Technology (TLD, OSL, Film Badge, etc.)	Operational Quantity (Hp (10), Hp (0.07), Hp (3))	Radiation Type e.g. photons, beta, etc.	Dose Range	Energy Range	Approx. No. of Dosimeters (intended to be issued annually)

b) For Internal Dosimetry

Type of Measurement (Direct/Indirect)	Measurement Technique (e.g. Gamma Spectrometry, Liquid Scintillation Counting, etc.)	Radionuclides to be Measured

7. Details of Environmental Dosimetry Services to be provided:

Dosimeter Make and Model	Dosimeter Technology (TLD, OSL, etc.)	Radiation Type e.g. photons, beta, etc.	Dose Range	Energy Range	Approx. No. of Dosimeters (intended to be issued annually)

8. Specifications of Radioactive Material to be used for Irradiation in TLD Reader System (If applicable):

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Initial Activity with Date	Present Activity with Date	Country of Origin	Physical Form

9. 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 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 Ownership/Lease Documents                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. 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 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. List of applicable codes and standards to be followed  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f. Training and retraining program of the organization for the personnel engaged in activities under the scope of authorization   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g. Detail of relevant accreditation with accreditation body along with copy of certificates.  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h. Internal and external assessment report for last one year  | 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.