

Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR AUTHORIZATION OF SERVICE PROVIDERS FOR CALIBRATION OF RADIATION APPARATUS AND RADIATION MONITORS

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 Calibration Services for which Authorization is required:

- a) Radiation Protection ☐ b) External Radiation Therapy ☐
c) Diagnostic Radiology ☐ d) Brachytherapy ☐
e) Any other (please specify).....

6. Specifications of Radioactive Material/Calibrator/Radiation Generator to be used:

a) Radioactive Material/Sources

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

b) Calibrators

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

c) Radiation Generators

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

7. 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: _____

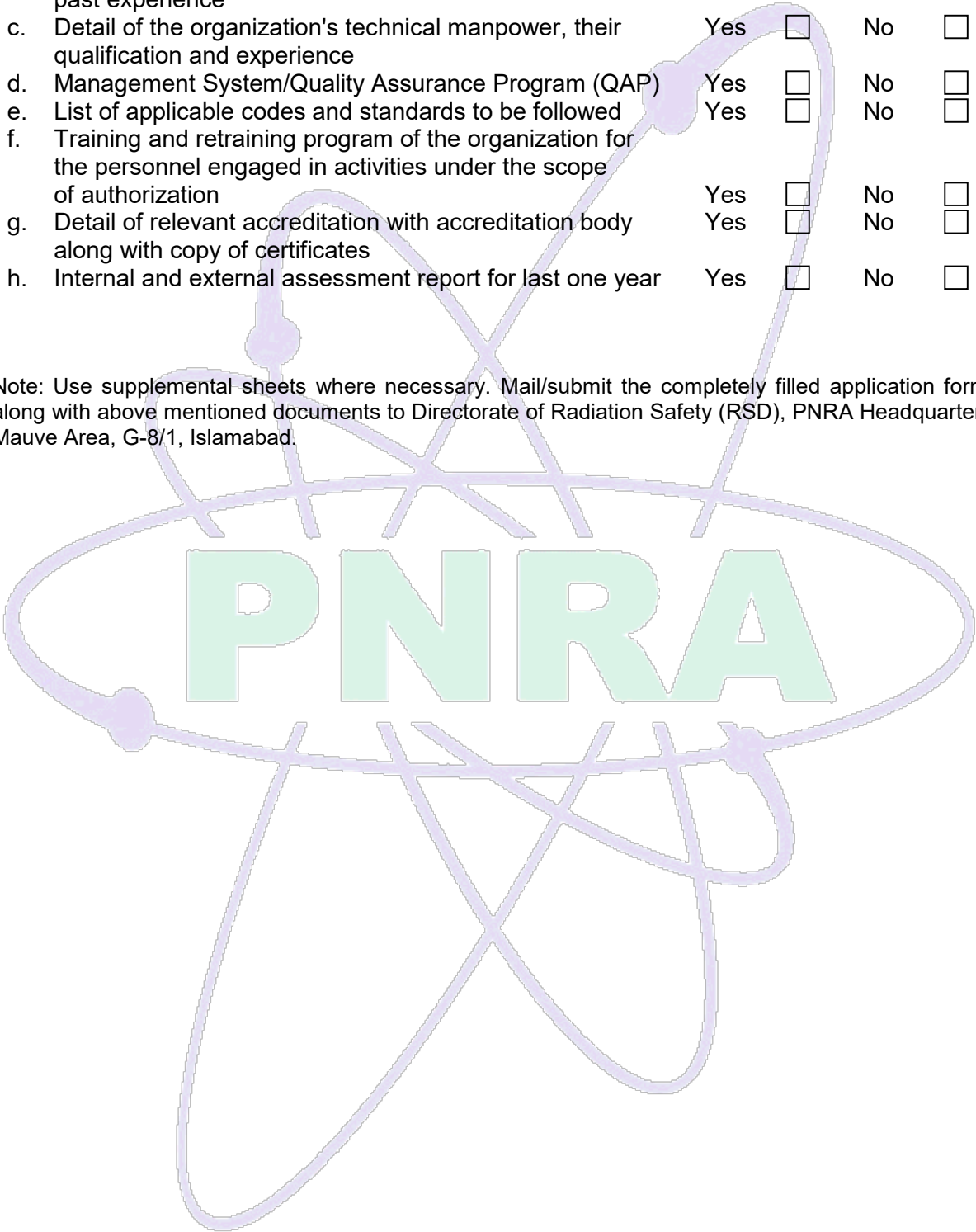
Please check the following documents are attached/submitted:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 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.



PNRA