

7. Specifications of Radioactive Material/Radiation Equipment:

a) Sealed Radioactive Sources (SRS)

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

b) Unsealed Radioactive Sources (USRS)

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

c) Radiation Generator

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

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

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

9. Maintenance/Testing of radiation generator:

Whether the maintenance/testing of radiation apparatus/radioactive material will be performed at the registered premises:

Yes No

If yes, provide the information on radiation safety arrangement at the premises including personal monitoring:

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

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11. 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:

12. Radiation monitoring instrument:

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

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: <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**”. In this case, 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, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: _____

Signature of the Applicant: _____

Dated: _____

Dated: _____

Seal of Office: _____

Please check the following documents 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. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Pay Order/Bank Draft/Copy of Bank Challan | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Dealing in Radioactive Materials/Sources

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| i. Plan, Map, Layout of the Facility | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Shielding Design | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Radiation Protection Program (RPP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Radiation Emergency Plan (REP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Physical Protection Plan (PPP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Dealing in Radiation Generators

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|--------------------------------------|-----|--------------------------|----|--------------------------|
| i. Plan, Map, Layout of the Facility | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Shielding Design (if applicable) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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