



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 then particulars of the owner:

Name												CNIC No.														
Address:													Contact No.													
													Fax No.													
													E-mail													

3. Have you ever applied for registration and licensing with PNRA in the past:

Yes No

If Yes:

a) PNRA office where you applied for registration and licensing:

Islamabad Kundian Karachi

b) When you applied for registration and licensing:

c) What was the final decision of PNRA on your application. Please describe briefly:

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4. If already licensed with PNRA, please provide:

a) License No.:

b) Status of license : Valid Suspended Revoked

5. Purpose for which license is required:

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6. Details of radiation facility:

Name of Organization/Hospital/Centre																							
Address (including Tehsil, District)																							
Status of premises		Owned				<input type="checkbox"/>				On lease/rent				<input type="checkbox"/>									

7. Specifications of Radioactive Material/Radiation Generator:a) Sealed Radioactive Source (SRS)(Therapeutic/Calibration/Blood Irradiation Source)

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)(Therapeutic/Diagnostic)

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

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

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

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

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

8. Details of equipment:a) Gamma/PET Camera

Apparatus Type	Sr./I.D. No.	Model No.	Manufacturer	Country of Origin

b) Dose Calibrator/Multichannel Analyzer

Apparatus Type	Sr./I.D. No.	Model No.	Manufacturer	Date of Calibration	Country of Origin

9. Particulars of Radiation Oncologist(s)/Nuclear Physician(s)/Radiologist(s)/Medical Physicist(s)/Radiation Protection Officer(s)/Radiation Technologist(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

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

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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:

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|--|-----|--------------------------|----|--------------------------|
| 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. Safety Analysis Report (SAR) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Radiation Protection Program (RPP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Radioactive Waste Management Program (RWMP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. Radiation Emergency Plan (REP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ix. Physical Protection Plan (PPP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| x. Quality Assurance Program (QAP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| xi. Initial Decommissioning Plan | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| xii. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| xiii. Pay Order/Bank Draft/Copy of Bank Challan | 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

