



7. Specifications of Radioactive Material/Radiation Generator:

a) Sealed Radioactive Sources (SRS)/Unsealed Radioactive Source (USRS)

Type of Radioactive Source (SRS/USRS)	Radionuclide(s)	Physical Form	Chemical Form	Maximum amount that will be processed per batch	Use of source

b) Radiation Generator (Diagnostic X-ray machine/CT Scanner/Baggage Scanner etc.)

Type of Equipment	Maximum Current (mA)	Maximum Voltage (kV)	Use of Equipment

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

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

9. Details of available Personal Protective Equipment (PPE):

.....  
 .....

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

.....  
 .....

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 equipment:

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  No
- ii. Copy of CNIC of Owner (if applicant is not the owner) Yes  No
- iii. Copy of CNIC(s) of all Radiation Worker(s) Yes  No
- iv. Copy of Ownership/Lease Documents Yes  No
- v. Experience/Training Certificate(s) of Radiation Worker(s) Yes  No
- vi. Pay Order/Bank Draft/Copy of Bank Challan Yes  No

**Manufacturers of Radioactive Materials/Sources**

- i. Safety Analysis Report (SAR) Yes  No
- ii. Radiation Protection Program (RPP) Yes  No
- iii. Radiation Emergency Plan (REP) Yes  No

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| iv. Radioactive Waste Management Program (RWMP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Physical Protection Plan (PPP)               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Quality Assurance Program (QAP)             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Initial Decommissioning Plan               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Manufacturers of Radiation Generators**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Safety Analysis Report (SAR)                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Radiation Protection Program (RPP)              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Radiation Emergency Plan (REP) (if applicable) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Quality Assurance Program (QAP)                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Consumer Products having Radioactive Material**

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 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. Radioactive Waste Management Program (RWMP)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Physical Protection Plan (PPP) (if applicable) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Quality Assurance Program (QAP)               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. Initial Decommissioning Plan                 | 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)