



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR DIAGNOSTIC RADIOLOGY**

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:

.....  
.....  
.....

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:

.....  
.....

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 Radiation Generator:

Type of Radiation Generator (Dental unit, Fluoroscopy unit, CT-Scanner, etc.)	Sr./ID. No. of X-ray Tube	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Imported/ Locally Purchased along with Name of Supplier

8. Particulars of Radiologist(s)/Radiographer(s) etc.:

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

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

.....  
 .....

10. Details of available Radiation Monitoring Equipment (if any):

.....  
 .....

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. 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. Plan, Map, Layout of the Facility                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Shielding Design (if applicable)                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. 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](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)