



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR NUCLEAR MEDICINE/NUCLEAR CARDIOLOGY

1. Particulars of the licensee:

Name		CNIC No.																		
Passport No. (In case of foreigner licensee)																				
Designation																				
Address:															Contact No.					
															Fax No.					
															E-mail					

2. License information:

a. Date of Registration with PNRA			
b. License No.		c. Validity of License	

3. Any addition/reduction in radioactive source and equipment:

Yes ☐ No ☐

If Yes:

a. Provide details of sealed radioactive sources:

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Addition/Reduction

b. Provide details of unsealed radioactive sources:

Radionuclide(s)	Pharmaceutical to be labeled	Activity to be purchased per month	Purpose

c. Provide details of associated equipment (gamma/PET camera, dose calibrator / multichannel analyzer etc.):

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

4. Any change in particulars of Employed Professionals (Nuclear Physician(s)/Medical Physicist(s)/Radiation Protection Officer(s)/Radiation Technologist(s) etc.):

Yes ☐ No ☐

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

5. Status of previous inspection recommendations:

.....

6. Reference/brief of radiation incident/accident occurred during previous licensing period (if any):

.....

7. License Fee Information:

a) License renewal 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/bankChalanActivityType.asp>

OR

b) License renewal 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 the Licensing of Radiation Facility (ies) other than Nuclear Installation(s) - PAK/908, all other applicable PNRA Regulations, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Licensee: _____

Dated: _____

Stamp of Office: _____

Please check the following documents are attached/submitted:

i. Updated along with annual dose record of radiation workers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii. Updated inventory of radioactive material/radiation generator	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iii. List of updated/revised documents e.g. RPP, etc. (if any)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iv. Copy of CNIC(s) of newly appointed radiation workers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
v. Qualification and experience certificate of newly appointed 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"/>

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.: 051-9257830 Fax No.: 051-9257831 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

