



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR FULL- FLEDGED MEDICAL CENTRE

1. Particulars of the licensee:

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

2. License information:

a. License No.											b. Date of Issuance of Current License										
c. Validity of License																					

3. Any addition/reduction in radioactive material/radiation generator:

Yes No

If Yes:

a. Provide details of 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	Addition/Reduction

b. Provide details of unsealed radioactive sources (USRS)(Therapeutic/Diagnostic):

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

c. Provide details of 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	Addition/Reduction

d. Provide details of 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)	Addition/Reduction

4. Provide details of nuclear medicine equipment:

a. Gamma/PET camera:

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

b. Dose calibrator/multichannel analyzer:

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

5. Any change in particulars of Radiation Oncologist(s)/Nuclear Physician(s)/Radiologist(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

6. Status of previous inspection recommendations:

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7. Details of radiation incident/accident occurred during previous licensing period (if any):

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8. 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/bankChalan.asp>

OR

b) License renewal 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 Licensee: _____

Dated: _____

Seal of Office: _____

Please check the following documents are attached/submitted:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| i. Updated list 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.: 051-9263019 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