



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR DIAGNOSTIC RADIOLOGY

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 change in location of radiation equipment:

Yes No

If Yes:

Provide complete updated address (including Tehsil and District):

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4. Any addition/reduction in radiation generator:

Yes No

If Yes:

Provide details of radiation generator:

Type of Radiation Equipment (Dental unit, Fluoroscopy unit, CT-Scanner, etc.)	Sr./ID. No. of X-ray Tube	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Addition/Reduction

5. Any change in particulars of Radiologist(s)/Radiographer(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 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 radiation generator | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of CNIC(s) of newly appointed radiation workers | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Qualification and experience certificate of newly appointed worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. 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