# Application Form for Renewal of License for Use of Nuclear/X-Ray Gauge

1. **Particulars of the licensee:**

<table>
<thead>
<tr>
<th>Name</th>
<th>CNIC No.</th>
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<tr>
<th>Designation</th>
<th>Contact No.</th>
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<tr>
<th>Address:</th>
<th>Fax No.</th>
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<tr>
<th>Contact No.</th>
<th>E-mail</th>
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2. **License information:**

<table>
<thead>
<tr>
<th>a. License No.</th>
<th>b. Date of Issuance of Current License</th>
<th>c. Validity of License</th>
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3. **Any addition/reduction in nuclear/x-ray gauge:**

- Yes ☐ No ☐
- If Yes:
  - a. Provide details of nuclear gauge:
    - Type (Fixed/Mobile)
    - Radionuclide(s)
    - Source ID. No.
    - Model No.
    - Manufacturer
    - Initial Activity with Date
    - Present Activity with Date
    - Country of Origin
    - Addition/Reduction

    | Type (Fixed/Mobile) | 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 X-ray gauge:
    - Type (Fixed/Mobile)
    - Sr./ID. No.
    - Model No.
    - Manufacturer
    - Maximum Voltage (kV)
    - Maximum Current (mA)
    - Country of Origin
    - Addition/Reduction

    | Type (Fixed/Mobile) | Sr./ID. No. | Model No. | Manufacturer | Maximum Voltage (kV) | Maximum Current (mA) | Country of Origin | Addition/Reduction |
    |--------------------|-------------|-----------|--------------|----------------------|----------------------|--------------------|-------------------|
    |                    |             |           |              |                      |                      |                    |                   |

4. **Any change in particulars of Radiation Protection Officer(s)/Radiation Worker(s) etc.:**

- Yes ☐ No ☐
- If Yes:
  - Provide details below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>CNIC No.</th>
<th>Age</th>
<th>Qualification</th>
<th>Experience/Training</th>
<th>Left / Joined</th>
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Downloaded from PNRA website: [www.pnra.org](http://www.pnra.org)
5. Status of previous inspection recommendations:


6. Details 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/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 ☐ No ☐
   ii. Updated inventory of radioactive material/radiation generator Yes ☐ No ☐
   iii. List of updated/revised documents e.g. RPP, etc.(if any) Yes ☐ No ☐
   iv. Copy of CNIC(s) of newly appointed radiation workers Yes ☐ No ☐
   v. Qualification and experience certificate of newly appointed worker(s) Yes ☐ No ☐
   vi. Pay Order/Bank Draft/Copy of Bank Challan Yes ☐ No ☐

   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