APPLICATION FORM TO OBTAIN NO OBSESSION CERTIFICATE (NOC)*
FOR THE REUSE OF DISUSED SEALED RADIOACTIVE SOURCE (DSRS)

1. Particulars of the applicant/licensee:

<table>
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<tr>
<th>Name</th>
<th>CNIC No.</th>
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<th>Designation</th>
<th>Address:</th>
<th>Contact No.</th>
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2. License information:

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<tr>
<th>a. Date of Initial licensing with PNRA</th>
<th>b. License No.</th>
<th>c. Date of Issuance of Current License</th>
<th>d. Validity of License</th>
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3. Information about DSRS to be reused:

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<tr>
<th>Radioisotope</th>
<th>Identification Number</th>
<th>Initial Activity with date</th>
<th>Present Activity with date</th>
<th>Physical Form</th>
<th>Designed for (Purpose)</th>
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4. Administrative information:

i. Purpose of reuse of DSRS

ii. Detailed justification for reuse of DSRS

iii. Attach the copy of overall plan/strategy for the reuse of DSRS

iv. Name of the facility from which DSRS is to be obtained

v. Mode of transfer/shipment (Air/Sea/Land)

vi. Arrangement for safe and secure transportation of DSRS from the existing facility to the new facility

5. Technical information about requesting facility:

i. Name, number and activity of radioactive sources(s) in use

ii. Number and activity of sources(s) (already in use) similar to DSRS (if any)

iii. Attach the followings to show the compatibility of DSRS with Proposed practice device:
   i. Design and Tech/Specs of the DSRS
   ii. Design and Tech/Specs of the Proposed Practice

iv. Whether any modification in the existing practice device is required? Yes / No

   If yes, attach the followings:
   i. modification and its justification details

Downloaded from PNRA website: www.pnra.org
ii. Certificate from relevant organization/qualified person to show that such modification in the device is in line with the applicable standard(s)

v. Provide shielding calculations to show the capacity of Proposed Practice device to minimize the dose rates in accordance with applicable requirements of PNRA.

vi. Provide the following information:
   a. Handling equipment and resources
   b. Personnel protective equipment(s)
   c. Technical manpower capabilities
   d. Arrangements for safe storage of radioactive source(s)
   e. Security measures during transport, storage and re-usage

6. Any other information:

I hereby confirm that all the particulars given by me in this application are true and correct.

Dated: ___________ Signature of the applicant/licensee: ______________

Seal of Office: ______________________

Please check the copy of manufacture’s source certificate of DSRS (if DSRS is not taken from disposal facility) is attached/submitted

Yes ☐ No ☐

* NOC is granted to valid license holder of PNRA

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