



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

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

1. Particulars of the applicant/licensee:

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

2. License information:

a. Date of Initial licensing with PNRA																			
b. License No.							c. Date of Issuance of Current License												
d. Validity of License																			

3. Information about DSRS to be reused:

Radioisotope	Identification Number	Initial Activity with date	Present Activity with date	Physical Form	Designed for (Purpose)

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																	

	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:

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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 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