



## **PREPARATION OF LICENSE AND AUTHORIZATION APPLICATIONS FOR RADIATION FACILITIES AND ACTIVITIES**

**REGULATORY GUIDE**

**PAKISTAN NUCLEAR REGULATORY AUTHORITY**

**For Further Details**

*Directorate of Regulatory Framework*  
PAKISTAN NUCLEAR REGULATORY AUTHORITY  
P.O. Box 1912, Islamabad  
[www.pnra.org](http://www.pnra.org)

**PREPARATION OF LICENSE AND AUTHORIZATION APPLICATIONS  
FOR RADIATION FACILITIES AND ACTIVITIES**

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## 1. INTRODUCTION

Pakistan Nuclear Regulatory Authority (PNRA) has been entrusted by the Government to control, regulate and supervise all matters related to radiation protection in Pakistan. This includes, regulating the use of ionizing radiation in order to protect radiation workers, the general public and the environment from harmful effects of ionizing radiation.

Any person intends to establish a radiation facility or to carry out any activity involving radiation sources shall apply to PNRA for licensing of his facility. In order to obtain a license for a radiation facility or activity, the applicant is required to submit duly filled-in Application Form along with applicable documents as required under Regulations 7 and 8 of Regulations-PAK/908. Further, Regulation 14 of PAK/908 requires the licensee to submit an Application Form along with necessary submissions to obtain specific authorization other than license such as import or export of radiation sources, local purchase of radiation sources etc.

This Regulatory Guide (RG) provides guidance to the applicant or licensee in the preparation of application for obtaining a license or an authorization for radiation facilities and activities. The applicant should complete the requisite Application Form attaches in Annexures as specified below:

- a. Annexure I: Application Forms for Issuance of License
- b. Annexure II: Application Forms for Renewal of License
- c. Annexure III: Application Forms for obtaining Specific Authorization

The Application Forms are available at [https://www.pnra.org/license\\_forms.html](https://www.pnra.org/license_forms.html).

## 2. OBJECTIVE

The objective of this RG is to facilitate the applicants and licensees in the preparation of an Application for obtaining a license or a specific authorization as per PNRA Regulations - PAK/908. This RG also describes the information to be included and documents that should be attached with the Application Form.

## 3. SCOPE

The RG covers preparation of license and authorization applications for the following types of facilities and activities:

- a. Medical facilities (radiotherapy centre, nuclear medicine or cardiology centre, diagnostic radiology etc.)
- b. Industrial facilities (irradiators, scanners, gauges, industrial radiography, well logging etc.)
- c. Manufacturers of radiation sources
- d. Importers, exporters, traders of radiation sources
- e. Teaching and research institutes
- f. Others (radioimmunoassay (RIA) Labs, X-ray diffraction (XRD), X-ray fluorescence (XRF), gas chromatography, explosive detectors etc.)
- g. Any activity involving radiation source (e.g., transit or transport of radiation source, transfer of radiation source, health screening and biomedical research etc.)

## 4. HOW TO FILE AN APPLICATION

The applicant or licensee should follow the following instructions while applying for license or authorization:

- i. While preparing an Application, consult the latest version of regulations and regulatory guides available on PNRA website [www.pnra.org](http://www.pnra.org); ;
- ii. Complete all items mentioned in the respective application form and use additional sheets if necessary;

- iii. For each additional sheet that is submitted with the application, identify and refer it to the item number on the Application or the topic to which it refers;
- iv. Ensure that all applicable documents are attached with the application;
- v. Submit signed and stamped application form in original; and
- vi. Retain one copy of the application for future reference.

## 5. WHERE TO FILE AN APPLICATION

Applicants should file their applications to respective Regional Directorates of PNRA. However, diagnostic X-ray facility may file their applications to the respective inspectorate as well. The licensing applications for manufacturing of radiation generators should be submitted to Directorate of Radiation Safety (RSD).

## 6. JURISDICTION OF PNRA REGIONAL DIRECTORATES AND INSPECTORATES

PNRA has established three (03) Regional Directorates and five (05) Regional Inspectorates to regulate the radiation facilities or activities in the country. The jurisdictions of Regional Directorates and Inspectorates along with their mailing addresses are given below:

Name and Mailing Address of Regional Directorate/Inspectorate	Province	Jurisdictions (Division)
Regional Nuclear Safety Directorate-I (RNSD-I) Mailing Address: Director RNSD-I, PNRA H-11/4 office, Islamabad. Contact No:051-9257830	Islamabad, Punjab, Khyber-Pakhtunkhwa, & Azad Jammu and Kashmir	1) Islamabad Capital Territory 2) Rawalpindi 3) Gujrat 4) Gujranwala 5) Lahore 6) Hazara 7) Peshawar 8) Mardan 9) Malakand 10) Kohat 11) Gilgit 12) Baltistan 13) Diamer 14) Muzaffarabad 15) Poonch 16) Mirpur
Regional Nuclear Safety Inspectorate (RNSI), Peshawar Mailing Address: Head (RNSI-IA) House No. 124, Street No. 9, Phase-2, Sector H3, Hayyatabad, Peshawar. Contact No:091-9330317	Khyber-Pakhtunkhwa	1) Peshawar 2) Mardan 3) Malakand 4) Kohat 5) Including merged districts (Bajaur, Mohmand, Khyber, Orakzai, and Kurram) [For diagnostic radiology only]



Regional Nuclear Safety Inspectorate (RNSI), Gilgit-Baltistan Mailing Address: Head (RNSI-IB), HRDC Complex, Near Regional Board Center, Jutial, Gilgit. Contact No:05811-930083	Gilgit-Baltistan	1) Gilgit 2) Baltistan 3) Diamer
Regional Nuclear Safety Inspectorate (RNSI), AJ&K Mailing Address: Head (RNSI-IC), Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K. Contact No: 0582-2943904	Muzaffarabad, AJ&K	1) Muzaffarabad 2) Poonch 3) Mirpur [For diagnostic radiology only]
Regional Nuclear Safety Directorate-II (RNSD-II) Mailing Address: Director RNSD-II, Chashma Site, Kundian, District Mianwali. Contact No:0459-924294	Punjab & Khyber-Pakhtunkhwa	1) Sargodha 2) Faislabad 3) Bannu 4) D.I. Khan 5) Multan 6) D.G. Khan 7) Sahiwal 8) Bahawalpur 9) Including merged districts (North Waziristan and South Waziristan)
Regional Nuclear Safety Inspectorate (RNSI), Multan Mailing Address: Head (RNSI-IIA), House No. 93, Western Fort Colony, Qasim Bella, Multan. Contact No:061-6350569	Punjab	1) Multan 2) D.G. Khan 3) Sahiwal 4) Bahawalpur [For diagnostic radiology only]
Regional Nuclear Safety Directorate-III (RNSD-III) Mailing Address: Director RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi. Contact No:021-99266282	Sindh	1) Karachi 2) Hyderabad 3) Sukkur 4) Larkana 5) Mirpur Khas 6) Shaheed Benazirabad 7) Banbhore 8) Quetta 9) Sibi 10) Zhob 11) Naseerabad 12) Makran 13) Kalat

Regional Nuclear Safety Inspectorate (RNSI), Quetta Mailing Address: Head (RNSI-III A), House No.514/A-17, Street No. II, Madrasa Road, Quetta Cantt. Contact No:081-2832360	Balochistan	1) Quetta 2) Sibi 3) Zhob 4) Naseerabad 5) Makran 6) Kalat [For diagnostic radiology only]
Directorate of Radiation Safety (RSD) Mailing Address: Director RSD, PNRA Headquarter, Mauve Area, G-8/1, Islamabad. Contact No: 051-9262984	The whole country	The whole country

## 7. GENERAL CONTENTS OF LICENSE APPLICATION FORMS

The generic contents of license application forms (Annexures I-II) are explained in subsequent sections and same should be filled-in appropriately.

### 7.1 Applicant/Owner of the Radiation Facility

The particulars of the applicant and owner should be provided in this section. This includes applicant's name, Computerized National Identity Card (CNIC) number, designation, contact number, fax number, email address and mailing address to which correspondence should be directed.

The applicant may be a person (individual or an organization) who applies for a license/authorization as the owner or responsible individual of the facility. In case of institutions/organization, the individual who has the overall authority and responsibility for the safety and security of radiation facility may apply by providing his name and designation.

### 7.2 Status of Licensing or Registration with PNRA

The applicant should provide the previous history of licensing or registration with PNRA such as name of PNRA Directorates/Inspectorates (where applied for registration or licensing), date of application and brief description of decision of the Authority regarding the application.

### 7.3 License Information

If the applicant is already licensed with PNRA, then he should provide the license number along with licensing status i.e., valid or expired, suspended or cancelled.

### 7.4 Purpose of Licensing

The applicant should provide the purpose for which license is required. License may be obtained for different purposes such as diagnostic radiology, radiotherapy, nuclear medicine level measurement, industrial radiography, manufacturing of radiation sources, research and teaching etc.

### 7.5 Details of Radiation Facility

The applicant should mention the name of radiation facility along with complete mailing address. The details of address should be sufficient to allow Authority to find the location of radiation facility for inspection and other activities. A post office box address is acceptable only for correspondence purpose. The applicant should also provide status of the premises of radiation facility i.e., owned or on lease/rent and attach copy of ownership/lease documents along with the application.

### 7.6 Radiation Sources and Associated Equipment

The applicant should specify the following details:

- i. **For Sealed Radioactive Source (SRS):** Radionuclide to be used, source identification number, name of manufacturer, activity with reference date, category of source, physical form and country of origin;
- ii. **For Unsealed Radioactive Source (USRS):** Radionuclide to be used, pharmaceutical to be labelled, activity to be purchased per month and purpose of radionuclide;
- iii. **For Radiation Generators:** The apparatus type, serial/identification number of X-ray tube, model number, manufacturer, maximum voltage and current of radiation generator, supplier's name and mention whether the radiation generator is imported or locally purchased and whether the radiation generator was "Used" or "New" when acquired;
- iv. **Devices Containing Radioactive Material:** Type of device, serial/identification number, model number, manufacturer, shielding material and country of origin; and
- v. **For Associated Equipment (PET-CT, Gamma Camera, Dose calibrator, Multichannel Analyzer etc.):** The apparatus type, serial/identification number, model number, manufacturer, country of origin and calibration status where required.

## 7.7 Particulars of Professionals/Radiation Workers

The applicant should provide the list of professionals/radiation workers as per Schedule II of PAK/904. The list should include name, designation, CNIC No., age, qualification and experience/training. Copy of CNIC along with qualification and experience/training certificates of all professionals/radiation workers should be submitted along with application.

## 7.8 Personal Protective Equipment

The applicant should provide the type and quantity of available Personal Protective Equipment (PPE) used for worker's protection from ionizing radiation such as lead aprons, lead blocks, mobile lead shields, etc.

## 7.9 Personal Dose and Radiation Monitoring Equipment

Personal dose monitoring equipment measure radiation doses of an individual from X-rays, gamma rays, neutron and beta particles. Individuals who are occupationally exposed are required to wear personal dose monitoring equipment such as direct reading pocket dosimeters or monitoring badges such as Thermo-Luminescent Dosimeters (TLD), Film badge dosimeter or Optically Stimulated Luminescence dosimeters (OSL).

The applicant should provide the type of personal dose monitoring device (e.g., Film badge, TLD, etc.), dosimetry service provider name and frequency of dosimeter exchange for dose assessment. The frequency of dosimeter exchange may be monthly, bi-monthly or quarterly based on associated radiation risk or as specified by the service providers.

The applicant should also specify the type of radiation monitoring equipment (e.g., survey meter, contamination monitors) used for monitoring of the radiation at workplace. The details of equipment should include Sr./ID. No., model number, manufacturer, radiation detected, energy & dose range, purpose of monitoring and date of calibration.

## 7.10 Licensing Fee

The applicant should submit the licensing fee as per Schedule I of "Regulations on Licensing Fee by Pakistan Nuclear Regulatory Authority - (PAK/900)". License fee may be submitted either via Askari Bank Challan Form or through Pay Order/Bank Draft in favour of "Director Finance PNRA, Islamabad". The challan form could be obtained from the respective Regional Directorate or from PNRA website after providing the required details at <https://www.pnra.org/bankChalanActivityType.asp>. The applicant should provide the details i.e., pay order/bank draft No. amount, date and name of the bank in the Application Form.

### **7.11 Affirmation**

The Application Form should be signed, stamped and dated by both the applicant and owner of the facility. Otherwise, a letter from owner should be provided affirming the signing authority of the representative who signed the application on his behalf. By signing the application, the applicant and owner affirm that all information provided in the application is correct and he will abide by PNRA ordinance, regulations, regulatory orders, license conditions and directives. Incomplete applications without signed/stamped will not be processed and to proceed further the applicant will submit a new signed application to PNRA.

### **7.12 Documents to be Submitted**

The applicant should submit the licensing documents as per Schedule I of PNRA Regulations - PAK/908 and other necessary documents mentioned in the Application Forms.

## **8. LICENSE APPLICATION FORMS FOR MEDICAL AND INDUSTRIAL FACILITIES USING RADIOACTIVE MATERIAL/SOURCES**

Radiation facilities that are not required to submit the detailed programs/plans as per Schedule I of PNRA Regulations - PAK/908. The licensees/applicants of such facilities should briefly provide the following specified contents in the Application Forms:

### **8.1 Storage and Transport of Radioactive Material/Sources**

The applicant should provide brief details of all arrangements and administrative provisions for safe and secure storage and transport of radioactive material/sources as per PNRA regulations "Regulations on Security of Radioactive Sources - (PAK/926)" and "Regulations for the Safe Transport of Radioactive Material - PAK/916" respectively.

### **8.2 Management of Disused Sealed Radioactive Sources/Radioactive Waste**

The applicant should describe arrangements for the management of disused sealed sources (DSRS) /radioactive waste. DSRS should be disposed of at designated radioactive waste management facilities PINSTECH, Islamabad or KANUPP, Karachi or returned back to supplier. However, sealed radioactive sources with half-life > 1 year and with initial activity of 100 GBq or more should not be purchased without an undertaking from the manufacturer or supplier to accept the return of the sources.

## **9. CONTENTS OF LICENSE RENEWAL APPLICATION FORMS**

The licensee should address all applicable information of section 7 of this RG along with the following additional information in license renewal Application Form.

### **9.1 Change in Location of Radiation Equipment and Facility**

The licensee should submit the required details in any of the following cases:

- (a) Change in location of radiation equipment within premises: The layout of the exposure room should be provided; and
- (b) Change in location of the facility: The new address of the facility i.e., street No., mohalla/chak, near main road, town, city, tehsil and district etc. should be provided.

### **9.2 Addition/Removal of Radiation Source (Radioactive Material/Radiation Generator)**

In case of addition/removal of radiation source, the licensee should submit the details of radiation sources that are added or removed from the facility during the previous licensing period along with particulars of traders/dealers (in case of addition) and end-user (in case of removal).

Furthermore, if there is any change in practices or categorization of sources due to addition/removal of radiation sources, revised documents (i.e., Safety Analysis Report, Radiation Protection Program etc.) should also be submitted.

### **9.3 Change in Particulars of Radiation Workers**

The licensee should submit the particulars of those radiation workers along with date of joining/leaving who are newly appointed at the radiation facility or have left the job during the previous licensing period. The copies of CNIC and qualification/experience certificates of newly appointed radiation workers should be submitted.

### **9.4 Status of Inspection Findings and Corrective Actions**

The licensee should provide the status of corrective actions against inspection findings as per inspection report issued by PNRA.

### **9.5 Details of Radiation Incident/Accident and Security Event**

In case of radiation incident/accident and security events (such as loss, theft, sabotage of radiation source etc.) occurred during the previous licensing period, the licensee should provide reference of that radiation incident/accident or security event.

## **10. CONTENTS OF APPLICATION FORMS FOR AUTHORIZATION**

The licensee should not carry out any of the activities as mentioned in Regulation 14 of PAK/908 unless specific authorization is obtained from PNRA. These authorizations are only granted to those radiation facilities which are already registered/licensed. All those activities which need authorization are described as follows:

### **10.1 Import of Radiation Generator**

As per Regulation 14(1)(c) of PAK/908, a specific authorization is required for the import of radiation generators. The authorization is granted in the form of No Objection Certificate (NOC). Without a valid NOC from PNRA, the Customs Authorities will not clear the shipment. The licensee should apply for NOC preferably fifteen (15) days before the arrival of shipment and submit the following information and documents to PNRA:

- i. Duly filled Application Form (1-C) attached as Annexure III;
- ii. Bill of lading/Airway bill;
- iii. Commercial invoice;
- iv. Packing list;
- v. Technical specification sheet of radiation generator;
- vi. Sale/stock report of radiation equipment for importers;
- vii. Fitness certificate in case of used/refurbished radiation generator; and
- viii. Pay Order/Bank Draft/Copy of Bank Challan.

### **10.2 Import of Radioactive Sources/Material/ Container/ Devices Containing Radioactive Material**

As per Regulation 14(1)(c) of PAK/908, NOC is required for the import of radioactive sources/material/container. The licensee should apply for NOC preferably fifteen (15) days before the arrival of shipment and submit the following information and documents to PNRA:

- i. Duly filled Application Form (2-C) attached as Annexure III;
- ii. Bill of lading/Airway bill;
- iii. Packing list;
- iv. Commercial invoice;
- v. Manufacturer's source certificate;
- vi. Special form certificate of sealed radioactive source;

- vii. Shipper's declaration of dangerous goods;
- viii. Package design certificate (where so required);
- ix. Undertaking from manufacturer or supplier to accept the return of the radioactive source after consuming useful life (in case of half-life greater than 1 year and activity 100GBq or more);
- x. Copy of issued permit (where so required); and
- xi. Pay Order/Bank Draft/Copy of Bank Challan.

### **10.3 Local Purchase of Radioactive Source/Material/Radiation Generator**

As per Regulation 14(1)(d) of PAK/908, NOC is required for the local purchase of radioactive material/radiation generator. The licensee should apply for the NOC for local purchase of radioactive source/material/radiation generator to PNRA preferably fifteen (15) days before the expiry of already issued NOC (if applicable) along with the following information and documents:

- i. Duly filled Application Form (3-C) attached as Annexure III;
- ii. Manufacturer source certificate (for sealed/unsealed radioactive sources);
- iii. Special form certificate (for sealed radioactive sources);
- iv. Package design certificate (for sealed/unsealed radioactive sources);
- v. Technical specification sheet of radiation generator;
- vi. Fitness certificate in case of used/refurbished radiation generator; and
- vii. Pay Order/Bank Draft/Copy of Bank Challan.

### **10.4 Export of Radiation Generator**

As per Regulation 14(1)(c) of PAK/908, NOC is required for the export of radiation generators. The licensee should apply for NOC preferably fifteen (15) days before the tentative export plan and submit the following information and documents to PNRA:

- i. Duly filled Application Form (4-C) attached as Annexure III; and
- ii. Pay Order/Bank Draft/Copy of Bank Challan.

### **10.5 Export of Radioactive Source(s)/ Material/Container/Devices Containing Radioactive Material**

As per Regulation 14(1)(c) of PAK/908, NOC is required for the export of radioactive sources/material/container. The licensee should apply for NOC preferably fifteen (15) days before the tentative export plan and submit the following information and documents to PNRA:

- i. Duly filled Application Form (5-C) attached as Annexure III;
- ii. Manufacturer's source certificate (only for SRS);
- iii. Special form certificate of sealed radioactive source;
- iv. Shipper's declaration of dangerous goods;
- v. Package design certificate;
- vi. Shipping documents;
- vii. Authorization/NOC issued by destination country (up to category-3 sealed radioactive source); and
- viii. Pay Order/Bank Draft/Copy of Bank Challan.

## 10.6 Reuse of Disused Sealed Radioactive Source

Disused Sealed Radioactive Source (DSRS) is defined as a radioactive source that is no longer used, and is not intended to be used, for the practice for which an authorization has been granted. However, DSRS can be reused for other purposes.

In order to reuse the DSRS, specific authorization should be obtained from PNRA the licensee should submit the following information and documents to PNRA as per Regulation 14(1)(j) of PAK/908:

- i. Duly filled Application Form (6-C) attached as Annexure III; and
- ii. Copy of manufacturer's source certificate of DSRS (if DSRS is not taken from disposal facility).

## 10.7 Transfer/Sale of Radiation Source

Radiation sources used in different radiation facilities may be transferred from one licensee to the other or may be sold out within the country. For the transfer of radiation sources, both transferor and transferee should possess a valid license of PNRA. If the transferee is not a licensee, then he should obtain license from PNRA prior to acquiring radiation source from transferor.

In order to transfer/sale of radiation source, specific authorization should be obtained from PNRA as per Regulation 14(1)(e) of PAK/908. For obtaining specific authorization, both transferor and transferee are required to submit duly filled Application Form (7-C) attached as Annexure III.

## 10.8 Transfer of Radioactive Material to Radioactive Waste Management Facility

The radioactive waste is generated during operation and decommissioning of radiation facilities and should be transferred to designated Radioactive Waste Management Facilities (RWMF). The licensee should not unnecessarily delay the transfer of radioactive waste. Currently, radioactive waste is being stored at two designated RWMFs i.e., PINSTECH Predisposal Radioactive Waste Management Facility (PPRWMF), Islamabad and KANUPP Radioactive Waste Storage Area Karachi (RAWSA).

As per Regulation 14(1)(f) of PAK/908, specific authorization is required for transfer of radioactive material to RWMF. For this purpose, the licensee should submit the following information and documents to PNRA:

- i. Duly filled Application Form (8-C) attached as Annexure III;
- ii. Manufacturer source certificate of DSRS; and
- iii. Package design certificate for sealed radioactive sources (if applicable).

## 10.9 Decommissioning of Radiation Facility

Decommissioning is the last step in the lifetime management of a radiation facility. As per Regulation 14(1)(g) of PAK/908, specific authorization is required for decommissioning of radiation facility. For this purpose, licensee should submit the following information and documents to PNRA:

- i. Duly filled Application Form (9-C) attached as Annexure III;
- ii. Final Decommissioning Plan; and
- iii. Any other relevant document.

## 10.10 Clearance of Radioactive Material

Radioactive material containing low radioactivity is not considered harmful to people and the environment. Regulatory control may be removed from radioactive material contained within licensed radiation facilities which meet the clearance criteria as specified in PNRA Regulations on Radiation Protection (PAK/904).

Clearance of radioactive waste and DSRS from further regulatory control requires specific authorization as per Regulation 14(1)(h) of PAK/908. The licensee should submit the following information and documents to PNRA:

- i. Duly filled Application Form (10-C) attached as Annexure III;
- ii. Manufacturer source certificate; and
- iii. Technical supporting documents.

#### **10.11 Health Screening/Biomedical Research**

An institute/organization, which is already licensed with PNRA for the diagnosis and treatment of diseases, may start a public health screening program or biomedical research involving radiation exposure to human subject. Prior to start of any health screening/biomedical research, specific authorization from PNRA is required as per Regulation 14(1)(i) of PAK/908. In order to get specific authorization, the licensee should submit the following information and documents to PNRA:

- i. Duly filled Application Form (11-C) attached as Annexure III;
- ii. Authorization from the relevant Govt. Departments;
- iii. Approval from ethics committee (national or provincial level); and
- iv. Training/experience certificate of medical/health professional.

#### **10.12 Modification at Radiation Facility**

Modification may be introduced at a radiation facility due to administrative issues or technological advancements such as the change in specifications of radiation sources, shielding design, facility layout and safety or security functions.

As per Regulation 14(1)(b) of PAK/908, specific authorization is required for modification at a radiation facility and subsequently revised licensing documents as per Regulation 14(1)(a) of PAK/908. For modification at the radiation facility, the licensee should submit the following information and documents to PNRA:

- i. Duly filled Application Form (12-C) attached as Annexure III;
- ii. Updated licensing documents (i.e. Safety Analysis Report (SAR), Radiation Protection Program (RPP), etc.); and
- iii. Any other relevant document.

#### **10.13 Transfer/Amendment/Change in License**

The licensee should get authorization from PNRA prior to the followings:

- a. Transfer of license to next of kin;
- b. Change of location of the facility;
- c. Transfer/sell out of the facility to any other Person on current location; and
- d. Change in scope of license or authorization.

For obtaining authorization for transfer/amendment/change in license, the licensee should submit the following information and documents along with applicable license/authorization fee as per PAK/900 to PNRA:

- i. Duly filled Application Form (13-C) attached as Annexure III;
- ii. Pay Order/Bank Draft/Copy of Bank Challan;
- iii. Updated licensing documents (i.e. Safety Analysis Report (SAR), Radiation Protection Program (RPP), etc.); and
- iv. Any other relevant document.



### 10.14 Surrender of License

As per Regulation 11 of PAK/908, any licensee who does not intend to possess the radiation source or operate his facility on a permanent basis he should surrender the license by submitting three (03) months advance notice to the Authority. The licensee should make necessary arrangements for decommissioning or safe transfer of radioactive source either back to the supplier or to a designated radioactive waste management facility (where so applicable) and radiation generator to other person, with the approval of the Authority within the validity period of the license.

For obtaining authorization for surrender of license, the licensee should submit Application Form (14-C) attached as Annexure III.

### 10.15 Transit/Transport of Radioactive Material/ Contaminated Items

Any person intending to transit or transport radioactive material and transit contaminated items (in extreme cases) through Pakistan should obtain authorization from PNRA as per Regulation 15 of PAK/908. In order to obtain authorization, the applicant should submit the following information and documents to PNRA:

- i. Duly filled Application Form (15-C) attached as Annexure III;
- ii. Manufacturer's source certificate (if applicable);
- iii. Special form certificate in case of sealed radioactive source;
- iv. Shipper's declaration of dangerous goods;
- v. Package design certificate (if applicable); and
- vi. Pay Order/Bank Draft/Copy of Bank Challan.

### 10.16 Issuance of Import Permit for Radiation Source

Radiation sources are frequently imported from other countries. In order to place the order for import of radiation source, different countries demand the authorization (import permit) from the regulatory body of importing country. For obtaining import permit for procurement of radiation source, applicant should submit the following information and documents to PNRA:

- i. Duly filled Application Form (16-C) attached as Annexure III; and
- ii. Technical Specification Documents (If applicable).

## 11. REFERENCES

- [1]. Regulations for the Licensing of Radiation Facility(ies) other than Nuclear Installation(s) - (PAK/908) (Rev.1)
- [2]. Regulations on Licensing Fee by Pakistan Nuclear Regulatory Authority - (PAK/900) (Rev.3)
- [3]. Regulations on Radiation Protection - (PAK/904) (Rev.1)
- [4]. Regulations on Radioactive Waste Management - (PAK/915) (Rev.1)
- [5]. Regulations for the Safe Transport of Radioactive Material – (PAK/916)
- [6]. Regulations on Security of Radioactive Sources - (PAK/926)

## 12. GLOSSARY

- i. "Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, Government agency, any state or any political subdivision or any political entity within a state, any foreign Government or nation, or other entity and includes any legal successor, representative, agent or agency of any of the aforesaid
- ii. "Accident" means any unintended event, including operating errors, equipment failures or other mishaps, the consequences or potential consequences of which are not negligible from the point of view of protection and safety;

- iii. "Activities" means the production, manufacturing, use, storage, sale, purchase, repair & maintenance, transfer, import and export of radiation sources; transit or transport of radioactive material; decommissioning of facilities; and radioactive waste management such as the discharge of effluents; and some aspects of the remediation of sites affected by residues from past activities;
- iv. "Applicant" means any person or organization applying to a regulatory body for License or authorization (or approval) to undertake specified activities;
- v. "Authority" means the Pakistan Nuclear Regulatory Authority established under section 3 of the Ordinance;
- vi. "Clearance" means the removal of regulatory control by the Authority from radioactive material or radioactive objects within licensed radiation facilities; and
- vii. "Decommissioning" means administrative and technical actions taken to allow the removal of some or all of the regulatory controls from a facility;
- viii. "Exposure" means a state or condition of being subject to irradiation;
- ix. "Incident" means any unintended event, including operating errors, equipment failures, initiating events, accident precursors, near misses or other mishaps, or unauthorized act, malicious or non-malicious, the consequences or potential consequences of which are not negligible from the point of view of protection and safety;
- x. "Inspection" means an examination, observation, measurement or test undertaken to assess structure, systems, components and materials as well as operation, processes, procedures and personnel competence;
- xi. "License" means a legal document issued by the Authority granting authorization to perform specified activities relating to a facility or activity;
- xii. "Licensee" means the holder of a valid license issued by the Authority;
- xiii. "Owner" means any person who has ownership of the radiation source/radiation facility;
- xiv. "Radiation facility" means any premises where radiation source (radioactive material or radiation generator) is acquired, produced, manufactured, processed, reprocessed, repaired, used handled, extracted, imported, exported, stored, installed, operated, maintained and converted;
- xv. "Radiation generator" means a device capable of generating ionizing radiation, such as X-rays, neutrons, electrons or other charged particles, that may be used for scientific, industrial or medical purposes;
- xvi. "Sealed source" means radioactive material that is permanently sealed in a capsule or closely bonded and in a solid form;
- xvii. "Source" means anything that may cause radiation exposure, such as by emitting ionizing radiation or by releasing radioactive material, and can be treated as a single entity for protection and safety purposes, it includes all types of radiation generators and radioactive material, and is also called as radiation source;
- xviii. "Unsealed source" means a radioactive source in which the radioactive material is neither permanently sealed in a capsule nor closely bonded and in a solid form;
- xix. "Worker" means any individual who works, whether full time, part time or temporarily, for an employer and who has recognized rights and duties in relation to occupational radiation protection.

### **Annexure I: Application Forms for Issuance of License**

- i. 1-A: Application form for registration of the premises and licensing for diagnostic radiology
- ii. 2-A: Application form for registration of the premises and licensing for radiotherapy
- iii. 3-A: Application form for registration of the premises and licensing for nuclear medicine/nuclear cardiology
- iv. 4-A: Application form for registration of the premises and licensing for industrial radiography
- v. 5-A: Application form for registration of the premises and licensing for use of nuclear/x-ray gauge
- vi. 6-A: Application form for registration of the premises and licensing for irradiation
- vii. 7-A: Application form for registration of the premises and licensing for oil well logging
- viii. 8-A: Application form for registration of the premises and licensing for gamma/x-ray scanning
- ix. 9-A: Application form for registration of the premises and licensing for use of radioactive material/radiation equipment in teaching and research
- x. 10-A: Application form for registration of the premises and licensing for import/export/trade of radioactive material/radiation equipment
- xi. 11-A: Application form for registration of the premises and licensing of full-fledged medical centre
- xii. 12-A: Application form for registration of the premises and licensing for manufacturing of radioactive sources/radiation generator
- xiii. 13-A: Application form for registration of the premises and licensing for radioimmunoassay
- xiv. 14-A: Application form for registration of the premises and licensing for non-medical human imaging
- xv. 15-A: Application form for registration of the premises and licensing for use of nuclear/x-ray analyzer/detector



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR DIAGNOSTIC RADIOLOGY**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.													
Address:												Contact No.:			
												Fax No.:			
												E-mail:			

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐ Peshawar ☐  
Multan ☐ Quetta ☐ Gilgit-Baltistan ☐ AJ&K ☐

b) Date (dd-mm-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....  
.....

7. Details of radiation facility:

Name of Organization/Hospital/Centre		
Address (including Tehsil, District)		

Status of premises		Owned <input type="checkbox"/>	On lease/rent <input type="checkbox"/>
--------------------	--	--------------------------------	--

8. Specifications of Radiation Generator:

Type of Radiation Generator (Dental/CT Scanner etc.)	Sr./ID. No. of X- ray Tube	Model No.	Manufacturer & Date of Manufacturing	Maximum Voltage (kV)	Maximum Current (mA)	Imported/ Locally Purchased along with Name of Supplier	New/ Used

9. Particulars of Employed Professionals (Radiologist(s)/Radiographer(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

Lead Apron ☐ Lead Shield ☐ Thyroid Collar ☐  
Lead Goggles ☐ Lead Gloves ☐ Gonad Shield ☐

Any other: .....

11. Details of available Radiation Monitoring Equipment (if any):

.....  
.....

12. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.): .....
- b) Dosimetry Service Provider Name: .....
- c) Frequency of Dosimeter Exchange for Dose Assessment: .....

13. License Fee Information:

- a) License 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/bankChalanActivityType.asp>

OR

- b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please check the following documents are attached/submitted:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Copy of CNIC of Applicant                                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Copy of CNIC of Owner (if applicant is not the owner)       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of passport (in case of foreigner applicant/owner)    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Copy of CNIC(s) of all Radiation Worker(s)                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Copy of Ownership/Lease Documents                            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Plan, Map, Layout of the Facility                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Shielding Design (if applicable)                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ix. 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) & Regional Nuclear Safety Inspectorate (RNSI):

- **RNSD-I**, PNRA Headquarter, Mauve Area, G-8/1, Islamabad  
Phone No.: 051-9263019 Fax No.: 051-9263009 Email: [rnsd1@pnra.org](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)
- **RNSI-Peshawar**, House No. 124, Street No. 9, Phase-2, Sector H3, Hayyatabad, Peshawar  
Phone No.: 091-9330317 Fax No.: 091-933316 Email: [rnsi1a@pnra.org](mailto:rnsi1a@pnra.org)
- **RNSI-Gilgit-Baltistan**, HRDC Complex, Near Regional Board Center, Jutial, Gilgit-Baltistan  
Phone No.: 58119-30083 Fax No.: 05811-552844 Email: [rnsi1b@pnra.org](mailto:rnsi1b@pnra.org)
- **RNSI-AJ&K**, Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K  
Phone No.: 0582-2943904 Fax No.: 0582-2943904 Email: [rnsi1c@pnra.org](mailto:rnsi1c@pnra.org)
- **RNSI-Multan**, House No. 93, Western Fort Colony, Qasim Bella, Multan  
Phone No.: 061-6350569 Fax No.: 061-6350653 Email: [rnsi2a@pnra.org](mailto:rnsi2a@pnra.org)
- **RNSI-Quetta**, House No.514/A-17, Street No. II, Madrasa Road, Quetta Cantt  
Phone No.: 081-2832360 Fax No.: 081-2830942 Email: [rnsi3a@pnra.org](mailto:rnsi3a@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR RADIOTHERAPY**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																	
Address:															Contact No.:				
															Fax No.:				
															E-mail:				

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

b) Date (dd-mm-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....  
.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....  
.....

7. Details of radiation facility:

Name of Organization/Hospital/Centre			
Address (including Tehsil, District)			



Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Radioactive Material/Radiation Generator:a) Radioactive Material (Teletherapy/Brachytherapy Source)

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference date	Category of SRS	Country of Origin	Physical Form

b) Radiation Generator (LINAC, X-ray/CT Simulator etc.)

Apparatus Type	Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage of Radiation Apparatus	Country of Origin

9. Particulars of Employed Professionals (Radiation Oncologist(s)/Medical Physicist(s)/Radiation Protection Officer(s) /Radiation Technologist(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

.....

.....

11. Arrangements for safe and secure storage of radioactive source(s):

.....

.....

.....

12. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

.....

.....

.....

13. Arrangements for personal dose monitoring:

a) Type of Dosimeter (Film/TLD etc.): .....



b) Dosimetry Service Provider Name: .....

c) Frequency of Dosimeter Exchange for Dose Assessment: .....

14. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration

15. License Fee Information:

a) License 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/bankChalanActivityType.aspx>

OR

b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: .....

Signature of the Applicant: .....

Dated: .....

Dated: .....

Stamp of Office: .....

Please check the following documents are attached/submitted:

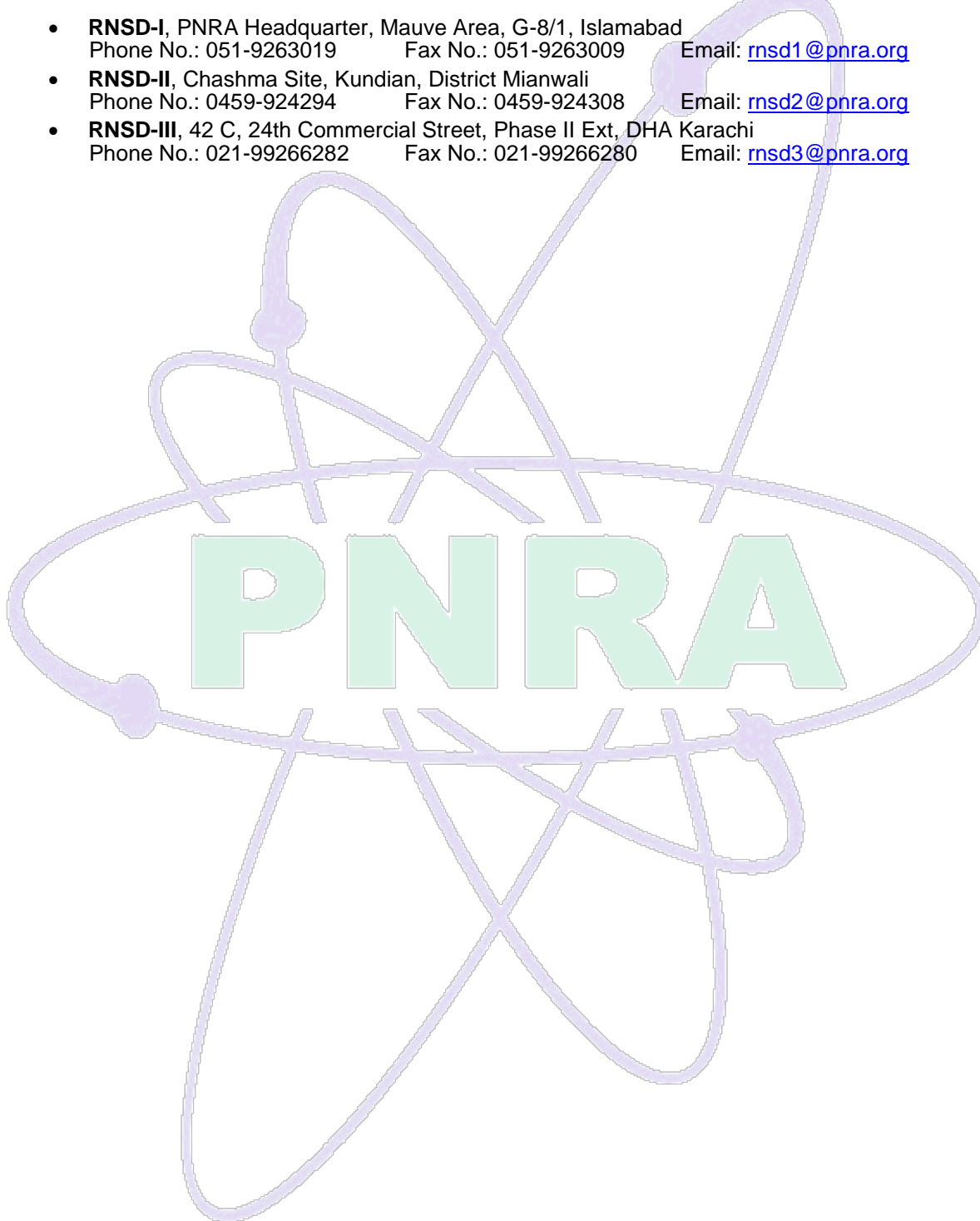
- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Copy of CNIC of Applicant                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Copy of CNIC of Owner(if applicant is not the owner)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of passport (in case of foreigner applicant/owner) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Copy of CNIC(s) of all Radiation Worker(s)               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Copy of Ownership/Lease Documents                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Safety Analysis Report (SAR)                             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Radiation Protection Program (RPP)                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. Radiation Emergency Plan (REP)                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ix. Physical Protection Plan (PPP) (if applicable)           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| x. Quality Assurance Program (QAP)                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| xi. Initial Decommissioning Plan (If applicable)               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| xii. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| xiii. 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294      Fax No.: 0459-924308      Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR NUCLEAR MEDICINE/NUCLEAR CARDIOLOGY**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																	
Address:															Contact No.:				
															Fax No.:				
															E-mail:				

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

b) Date (dd-mm-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....  
.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....  
.....

7. Details of radiation facility:

Name of Organization/Hospital/Centre			
Address (including Tehsil, District)			

Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Radioactive Sources:a) Sealed Radioactive Sources (SRS)

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Unsealed Radioactive Sources (USRS)

Radionuclide(s)	Pharmaceutical to be labeled	Activity to be purchased permonth	Purpose

9. Details of associated equipment (PET-CT, Gamma Camera, Dose Calibrator, Multichannel Analyzer etc.): Gamma/PET Camera

Apparatus Type	Sr./I.D. No.	Model No.	Manufacturer	Country of Origin	Date of Calibration (If Required)

10. Particulars of Employed Professionals (Nuclear Physician(s)/Medical Physicist(s)/Radiation Protection Officer(s)/Radiation Technologist(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

11. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration


12. Arrangements for safe and secure storage of radioactive source(s):

.....

.....

13. Details of available Personal Protective Equipment (PPE):

.....

.....

14. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

.....

.....

15. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.): .....
- b) Dosimetry Service Provider Name: .....
- c) Frequency of Dosimeter Exchange for Dose Assessment: .....

16. License Fee Information:

- a) License 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/bankChalanActivityType.asp>

OR

- b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: .....

Signature of the Applicant: .....

Dated: .....

Dated: .....

Stamp of Office: .....

.....

Please check the following documents are attached/submitted:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Copy of CNIC of Applicant                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Copy of CNIC of Owner(if applicant is not the owner)      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of passport (in case of foreigner applicant/owner)  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Copy of CNIC(s) of all Radiation Worker(s)                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Copy of Ownership/Lease Documents                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Safety Analysis Report (SAR)                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Radiation Protection Program (RPP)                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Radioactive Waste Management Program (RWMP)              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. Radiation Emergency Plan (REP)                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ix. Quality Assurance Program (QAP)                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| x. Initial Decommissioning Plan                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| xi. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| xii. 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)

**PNRA**





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR INDUSTRIAL RADIOGRAPHY**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																		
Address:																	Contact No.:			
																	Fax No.:			
																	E-mail:			

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

b) Date (dd-mm-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....  
.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....  
.....

7. Details of radiation facility:

Name of Organization/Firm			
Address (including Tehsil, District)			

Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Radioactive Material/Radiation Generator:a) Radioactive Material/Sources

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Gamma Projectors

Sr./ID. No.	Model No.	Manufacturer	Shielding Material	Country of Origin

c) Radiation Generators

Sr./ID.No.	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Country of Origin

9. Particulars of Employed Professional (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

.....

.....

.....

11. Arrangements for safe and secure storage of radioactive source(s):

.....

.....

.....



12. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

.....

.....

.....

13. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.): .....
- b) Dosimetry Service Provider Name: .....
- c) Frequency of Dosimeter Exchange for Dose Assessment: .....

14. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration

15. License Fee Information:

- c) License 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/bankChalanActivityType.asp>

OR

- d) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory order, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Copy of CNIC of Applicant                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Copy of CNIC of Owner (if applicant is not the owner)    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of passport (in case of foreigner applicant/owner) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Copy of CNIC(s) of all Radiation Worker(s)               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| v. Copy of Ownership/Lease Documents                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Pay Order/Bank Draft/Copy of Bank Challan                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Industrial Radiography with Radioactive Materials/Sources**

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Safety Analysis Report (SAR)        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Radiation Protection Program (RPP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Radiation Emergency Plan (REP)    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Physical Protection Plan (PPP)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Quality Assurance Program (QAP)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Initial Decommissioning Plan       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Industrial Radiography with X-ray Generator**

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Safety Analysis Report (SAR)        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Radiation Protection Program (RPP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Radiation Emergency Plan (REP)    | 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)

PNRA



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR USE OF NUCLEAR/X-RAY GAUGE**

### 1. Particulars of the applicant:

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

### 2. If applicant is not the owner then particulars of the owner:

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

### 3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																	
Address:															Contact No.:				
															Fax No.:				
															E-mail:				

### 4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

#### a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

#### b) Date (dd-mm-yy) you applied for registration and licensing:.....

#### c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....  
.....

### 5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

### 6. Purpose for which license is required:

.....  
.....

### 7. Details of radiation facility:

Name of Organization/Firm			
Address (including Tehsil, District)			

Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Nuclear/X-Ray Gauge:a) Nuclear Gauge

Type (Fixed/Mobile)	Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Reference Activity with Date	Category of SRS	Country of Origin

b) X-Ray Gauge

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

9. Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

.....

.....

11. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

.....

.....

12. Arrangements for personal dose monitoring:

a) Type of Dosimeter (Film/TLD etc.): .....

b) Dosimetry Service Provider Name: .....

c) Frequency of Dosimeter Exchange for Dose Assessment: .....

13. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration

14. License Fee Information:

a) License 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/bankChalanActivityType.asp>

OR

b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

Please check the following documents are attached/submitted:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Copy of CNIC of Applicant                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Copy of CNIC of Owner (if applicant is not the owner)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of passport (in case of foreigner applicant/owner)  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Copy of CNIC(s) of all Radiation Worker(s)                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Copy of Ownership/Lease Documents                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Pay Order/Bank Draft/Copy of Bank Challan                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Nuclear Gauge**

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Plan, Map, Layout of the Facility                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Radiation Protection Program (RPP) (up to Cat-III) sources | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Radiation Emergency Plan (REP) (up to Cat-III) sources    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Physical Protection Plan (PPP) (up to Cat-III) sources     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Initial Decommissioning Plan                                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**X-ray Gauge**

i. Plan, Map, Layout of the Facility

Yes

☐

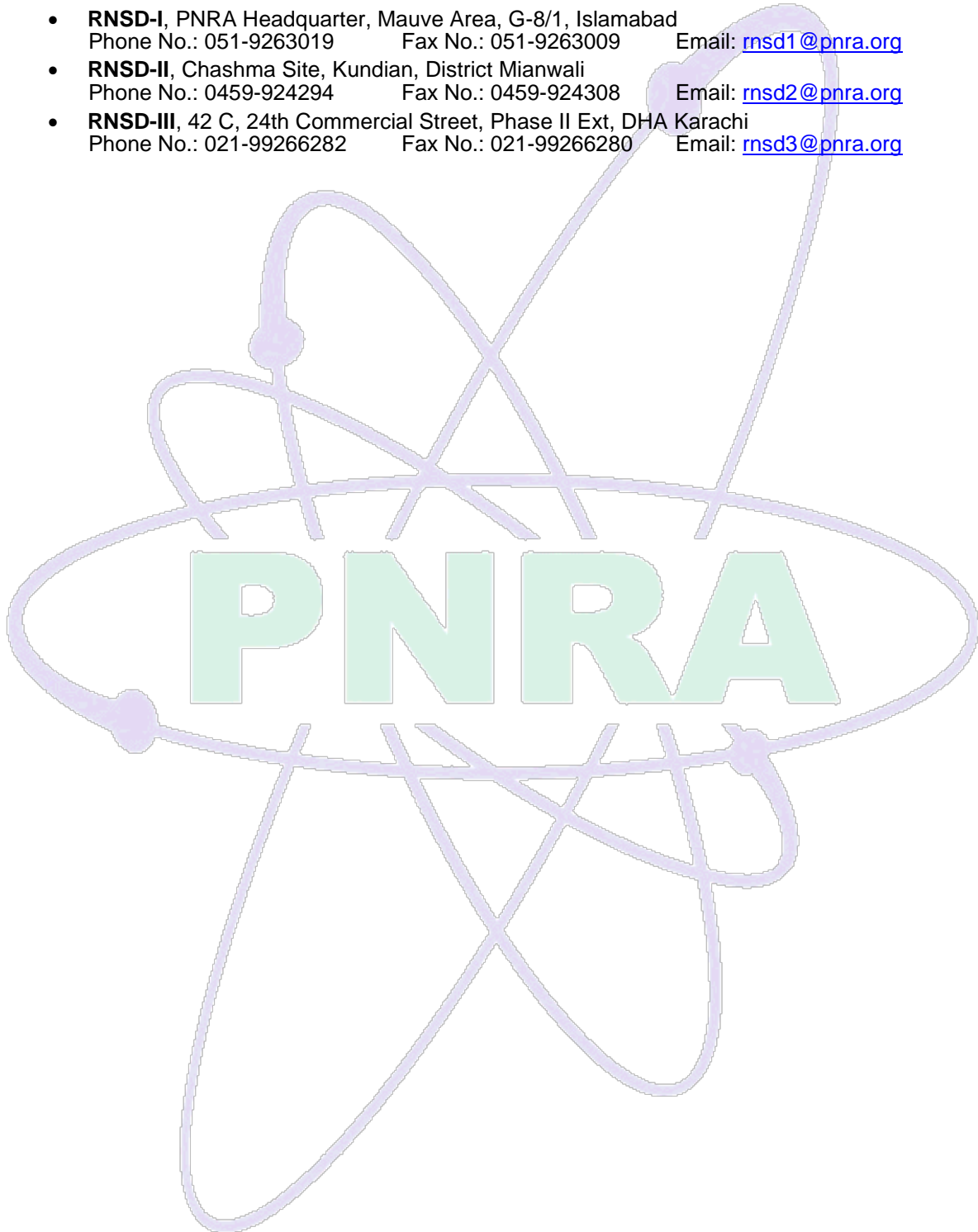
No

☐

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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)







# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR IRRADIATION**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																	
Address:															Contact No.:				
															Fax No.:				
															E-mail:				

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

b) Date (dd-mm-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....  
.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....  
.....

7. Details of radiation facility:

Name of Organization/Hospital/Centre			
Address (including Tehsil, District)			

Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Radioactive Material/Radiation Generator:a) Radioactive Material/Sources

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Radiation Generators

Type of Irradiator	Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage of Radiation Apparatus	Country of Origin

9. Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

.....

.....

11. Arrangements for safe and secure storage of radioactive source(s):

.....

.....

12. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

.....

.....

13. Arrangements for personal dose monitoring:

a) Type of Dosimeter (Film/TLD etc.): .....



b) Dosimetry Service Provider Name: .....

c) Frequency of Dosimeter Exchange for Dose Assessment: .....

14. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration

15. License Fee Information:

a) License 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/bankChalanActivityType.asp>

OR

b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: .....

Signature of the Applicant: .....

Dated: .....

Dated: .....

Stamp of Office: .....

Please check the following documents are attached/submitted:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Copy of CNIC of Applicant                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Copy of CNIC of Owner (if applicant is not the owner)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of passport (in case of foreigner applicant/owner)  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Copy of CNIC(s) of all Radiation Worker(s)                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Copy of Ownership/Lease Documents                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Pay Order/Bank Draft/Copy of Bank Challan                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Blood Irradiator**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Plan, Map, Layout of the Facility    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Shielding Design (if applicable)    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Radiation Protection Program (RPP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

- |     |  |     |                          |    |                          |
|-----|--|-----|--------------------------|----|--------------------------|
| iv. | Radiation Emergency Plan (REP)                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v.  | Physical Protection Plan (PPP) (if applicable) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. | Initial Decommissioning Plan (if applicable)   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

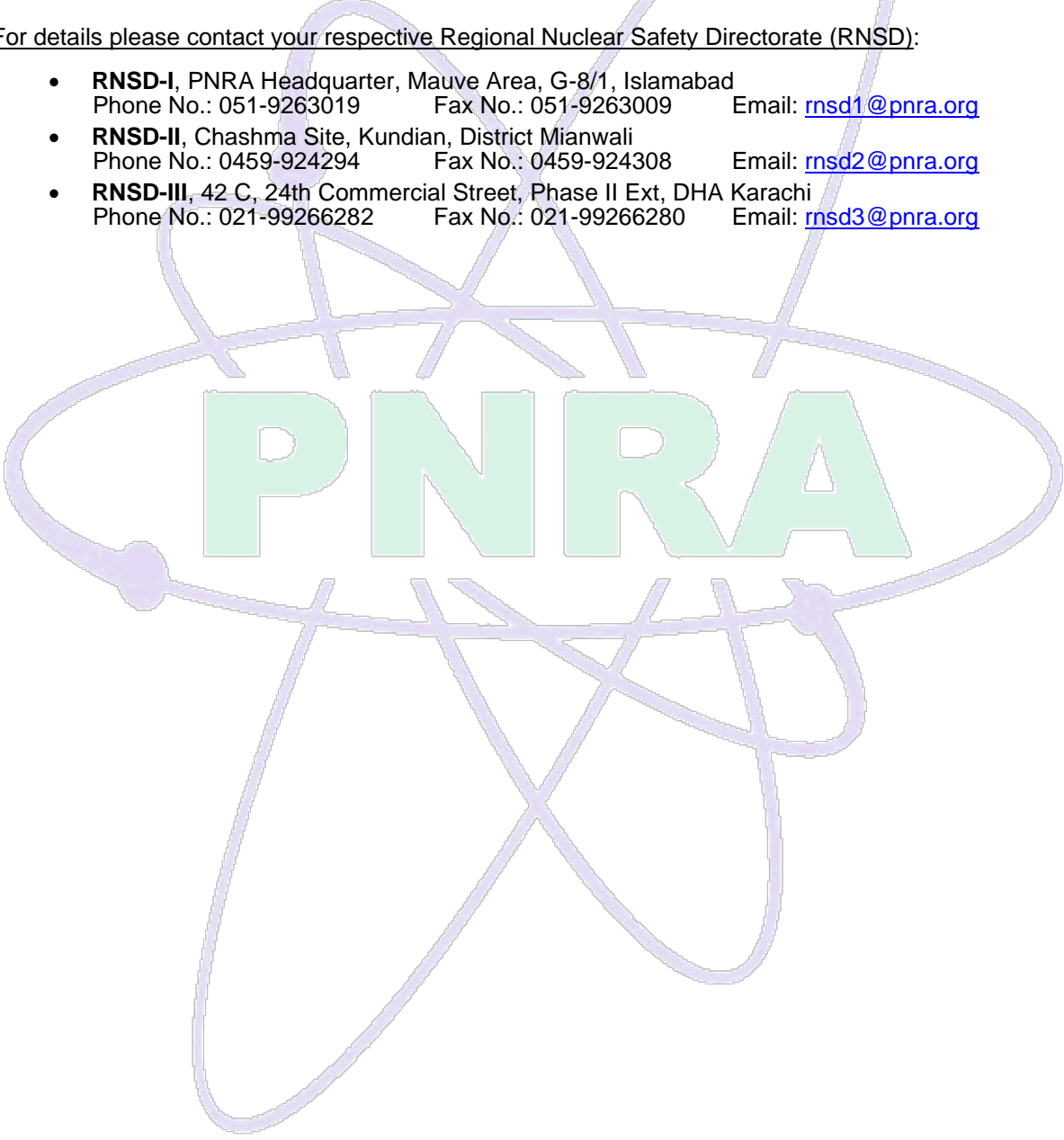
**Agricultural Irradiators/Industrial Irradiators**

- |      |  |     |                          |    |                          |
|------|--|-----|--------------------------|----|--------------------------|
| i.   | Safety Analysis Report (SAR)                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii.  | Radiation Protection Program (RPP)             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. | Radiation Emergency Plan (REP)                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv.  | Physical Protection Plan (PPP) (if applicable) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v.   | Quality Assurance Program (QAP)                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi.  | Initial Decommissioning Plan (if applicable)   | 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



**PNRA**



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR OIL WELL LOGGING**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																	
Address:												Contact No.:							
												Fax No.:							
												E-mail:							

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

b) Date (mm-dd-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....  
.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....  
.....

7. Details of radiation facility:

Name of Organization/Industry	
-------------------------------	--

Address (including Tehsil, District)		
Status of premises	Owned <input type="checkbox"/>	On lease/rent <input type="checkbox"/>

8. Specifications of Radioactive Material/Source:

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

9. Particulars of Employed Professional (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

.....

.....

11. Arrangements for safe and secure storage of radioactive source(s):

.....

.....

12. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

.....

.....

13. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.): .....
- b) Dosimetry Service Provider Name: .....
- c) Frequency of Dosimeter Exchange for Dose Assessment: .....

14. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration


15. License Fee Information:

- a) License 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/bankChalanActivityType.asp>

OR

- b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: .....

Signature of the Applicant: .....

Dated: .....

Dated: .....

Stamp of Office: .....

Please check the following documents are attached/submitted:

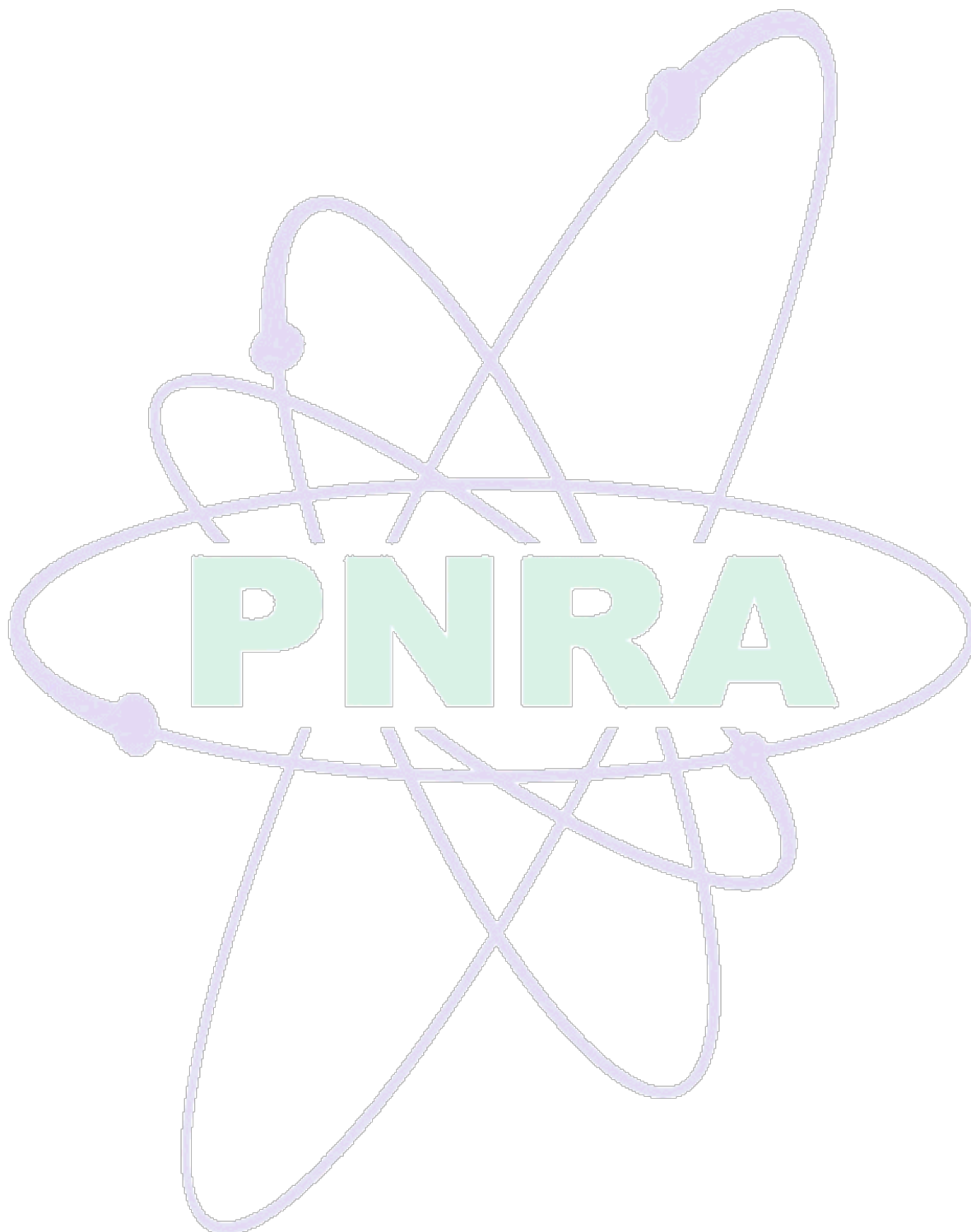
- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Copy of CNIC of Applicant                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Copy of CNIC of Owner (if applicant is not the owner)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of passport (in case of foreigner applicant/owner)  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Copy of CNIC(s) of all Radiation Worker(s)                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Copy of Ownership/Lease Documents                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Plan, Map, Layout of the Facility                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Radiation Protection Program (RPP)                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. Radiation Emergency Plan (REP)                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ix. Physical Protection Plan (PPP) (up to Cat-III) sources    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| x. Initial Decommissioning Plan                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| xi. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| xii. 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: [msd1@pnra.org](mailto:msd1@pnra.org)

- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294      Fax No.: 0459-924308      Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)







# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR GAMMA/X-RAY SCANNING**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																	
Address:															Contact No.:				
															Fax No.:				
															E-mail:				

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

b) Date (dd-mm-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....  
.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....  
.....

7. Details of radiation facility:

Name of Organization/Industry			
Address (including Tehsil, District)			

Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Radioactive Material/Radiation Generator:a) Radioactive Material

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Radiation Generator

Apparatus Type	Sr./ID.No.	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Country of Origin

9. Particulars of Employed Radiation Protection Officer(s)/Radiation Worker(s) etc.:

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

.....

.....

.....

11. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

.....

.....

.....

12. Arrangements for safety and security of radioactive source(s):

.....

.....

.....

13. Arrangements for personal dose monitoring:

a) Type of Dosimeter (Film/TLD etc.): .....



b) Dosimetry Service Provider Name: .....

c) Frequency of Dosimeter Exchange for Dose Assessment: .....

14. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration

15. License Fee Information:

a) License 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/bankChalanActivityType.asp>

OR

b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

Please check the following documents are attached/submitted:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Copy of CNIC of Applicant                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Copy of CNIC of Owner (if applicant is not the owner)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of passport (in case of foreigner applicant/owner)  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Copy of CNIC(s) of all Radiation Worker(s)                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Copy of Ownership/Lease Documents                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Pay Order/Bank Draft/Copy of Bank Challan                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Cargo or Vehicle Scanners with Radioactive Sources**

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Safety Analysis Report (SAR)        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Radiation Protection Program (RPP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Radiation Emergency Plan (REP)    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Physical Protection Plan (PPP)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Quality Assurance Program (QAP)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| vi. Initial Decommissioning Plan                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <b>Cargo or Vehicle Scanners with X-ray</b>             |     |                          |    |                          |
| i. Plan, Map, Layout of the Facility                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Shielding Design                                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Radiation Protection Program (RPP) (if applicable) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Radiation Emergency Plan (REP) (if applicable)      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

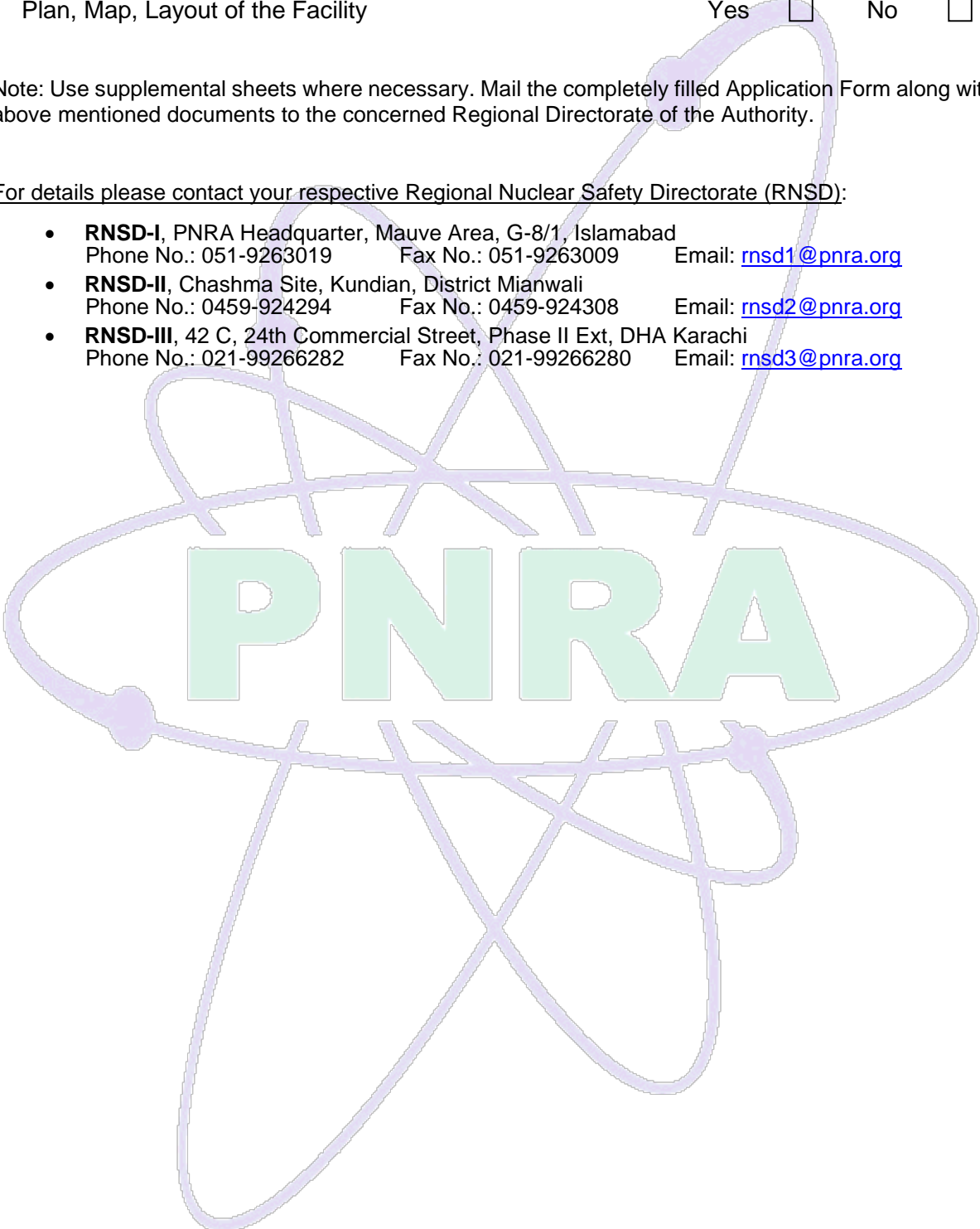
**Baggage Scanners/X-ray Scanner (Industrial)**

Plan, Map, Layout of the Facility	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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294      Fax No.: 0459-924308      Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



**PNRA**



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR USE OF RADIOACTIVE MATERIAL/RADIATION EQUIPMENT IN TEACHING AND RESEARCH**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																	
Address:															Contact No.:				
															Fax No.:				
															E-mail:				

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

b) Date (dd-mm-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....

.....

.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....

.....

7. Details of Research/Educational Institute:

Name of Research/Educational Institute	
--	--

Address (including Tehsil, District)	
Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Radioactive Material/Radiation Equipment:a) Sealed Radioactive Sources (SRS)

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Unsealed Radioactive Sources (USRS)

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

c) Radiation Equipment (XRD, XRF etc.)

Apparatus Type	Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Country of Origin

9. Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration


11. Arrangements for safety and security of radioactive source(s):

.....

.....

12. Details of available Personal Protective Equipment (PPE):

.....

.....

13. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

.....

.....

14. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.): .....
- b) Dosimetry Service Provider Name: .....
- c) Frequency of Dosimeter Exchange for Dose Assessment: .....

15. License Fee Information:

- a) License 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/bankChalanActivityType.asp>

OR

- b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

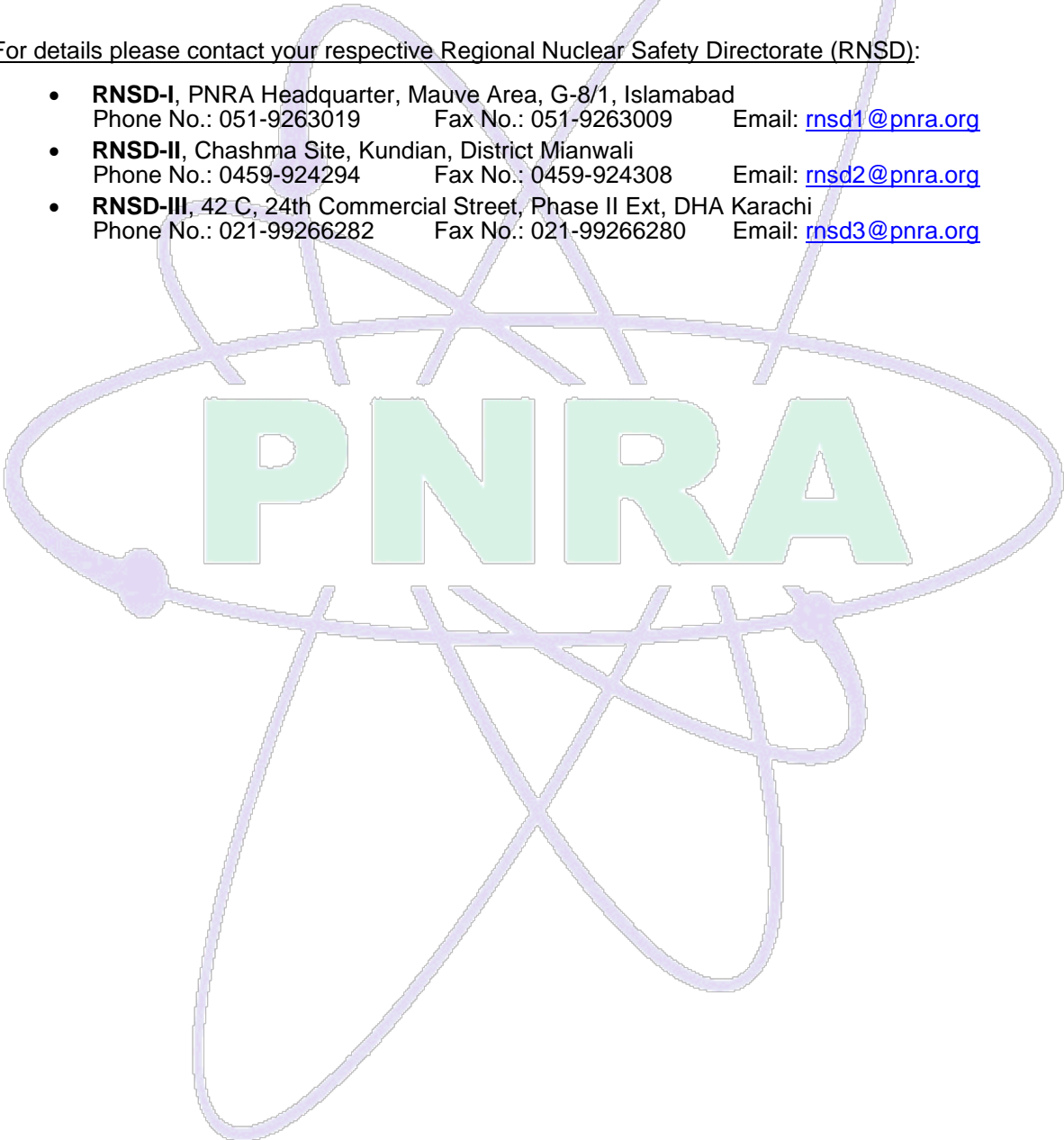
Please check the following documents are attached/submitted:

- |       |  |     |                          |    |                          |
|-------|--|-----|--------------------------|----|--------------------------|
| i.    | Copy of CNIC of Applicant  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii.   | Copy of CNIC of Owner (if applicant is not the owner)                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii.  | Copy of passport (in case of foreigner applicant/owner)                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv.   | Copy of CNIC(s) of all Radiation Worker(s)                                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v.    | Copy of Ownership/Lease Documents  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi.   | Experience/Training Certificate(s) of Radiation Worker(s)                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii.  | Pay Order/Bank Draft/Copy of Bank Challan                                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. | Additional documents according to modality as per Regulations PAK/908(Rev.1) |     |                          |    |                          |

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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



The logo of the Pakistan Nuclear Regulatory Authority (PNRA) is centered on the page. It features the acronym 'PNRA' in large, bold, green capital letters. The text is superimposed on a stylized, light purple graphic that resembles a nuclear atom, with a central nucleus and several elliptical orbits. The entire logo is semi-transparent, allowing the text of the document to be seen through it.





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR IMPORT/EXPORT/TRADE OF RADIOACTIVE MATERIAL/RADIATION EQUIPMENT/ DEVICES CONTAINING RADIOACTIVE MATERIAL**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																	
Address:		Contact No.:																	
		Fax No.:																	
		E-mail:																	

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

b) Date (dd-mm-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....

.....

.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....

.....

7. Details of Premises:

Name of Organization/Firm	
---------------------------	--

Address (including Tehsil, District)	
Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Radioactive Material/Radiation Equipment:a) Sealed Radioactive Sources (SRS)

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Unsealed Radioactive Sources (USRS)

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

c) Radiation Generator

Apparatus Type	Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Country of Origin

d) Devices Containing Radioactive Material

Type of Device	Sr./ID. No.	Model No.	Manufacturer	Shielding Material	Country of Origin

9. Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training




10. Maintenance/Testing of radiation generator:

Whether the maintenance/testing of radiation apparatus/radioactive material will be performed at the registered premises:

Yes ☐ No ☐

If yes, provide the information on radiation safety arrangement at the premises including personal monitoring:

.....  
 .....  
 .....

11. Arrangements for safe and secure transportation and storage of radioactive source(s):

.....  
 .....

12. Arrangements for personal dose monitoring:

a) Type of Dosimeter (Film/TLD etc.): .....

b) Dosimetry Service Provider Name: .....

c) Frequency of Dosimeter Exchange for Dose Assessment: .....

13. Radiation monitoring instrument:

Type of Instrument	Sr./ID.No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration

14. License Fee Information:

a) License 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/bankChalanActivityType.asp>

OR

b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Seal of Office: \_\_\_\_\_

Please check the following documents are attached/submitted:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Copy of CNIC of Applicant                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Copy of CNIC of Owner (if applicant is not the owner)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of passport (in case of foreigner applicant/owner)  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Copy of CNIC(s) of all Radiation Worker(s)                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Copy of Ownership/Lease Documents                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Pay Order/Bank Draft/Copy of Bank Challan                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

#### Dealing in Radioactive Materials/Sources

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Plan, Map, Layout of the Facility    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Shielding Design                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Radiation Protection Program (RPP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Radiation Emergency Plan (REP)      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Physical Protection Plan (PPP)       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

#### Dealing in Radiation Generators

- |                                      |     |                          |    |                          |
|--------------------------------------|-----|--------------------------|----|--------------------------|
| i. Plan, Map, Layout of the Facility | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Shielding Design (if applicable) | 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING OF FULL-FLEDGED MEDICAL CENTRE**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																						
Address:															Contact No.:									
															Fax No.:									
															E-mail:									

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

b) Date (dd-mm-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....  
.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....  
.....

7. Details of radiation facility:

Name of Organization/Hospital/Centre			
Address (including Tehsil, District)			

Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Radioactive Material/Radiation Generator:a) Sealed Radioactive Source (SRS)(Therapeutic/Calibration/Blood Irradiation Source)

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Physical Form

b) Unsealed Radioactive Sources (USRS)(Therapeutic/Diagnostic)

Radionuclide(s)	Pharmaceutical to be labeled	Activity to be purchased per month	Purpose

c) Radiation Generator in Radiotherapy (LINAC, X-ray/CT Simulator etc.)

Apparatus Type	Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage/Energy	New/ Refurbished	Country of Origin

d) 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)	New/ Refurbished


9. Details of associated equipment (Gamma/PET Camera, Dose Calibrator/Multichannel Analyzer etc.)

Apparatus Type	Sr./I.D. No.	Model No.	Manufacturer	Country of Origin	Date of Calibration (If Required)

10. Particulars of Employed Professional (Radiation Oncologist(s)/Nuclear Physician(s)/ Radiologist(s)/Medical Physicist(s)/Radiation Protection Officer(s)/Radiation Technologist(s)etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

11. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration

12. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.): .....
- b) Dosimetry Service Provider Name: .....
- c) Frequency of Dosimeter Exchange for Dose Assessment: .....

13. Arrangements for safe and secure storage of radioactive source(s):

.....

.....

.....

14. License Fee Information:

- a) License 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/bankChalanActivityType.asp>

OR

- b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

Please check the following documents are attached/submitted:

i. Copy of CNIC of Applicant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii. Copy of CNIC of Owner (if applicant is not the owner)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iii. Copy of passport (in case of foreigner applicant/owner)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iv. Copy of CNIC(s) of all Radiation Worker(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
v. Copy of Ownership/Lease Documents	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
vi. Safety Analysis Report (SAR)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
vii. Radiation Protection Program (RPP)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
viii. Radioactive Waste Management Program (RWMP)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ix. Radiation Emergency Plan (REP)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
x. Physical Protection Plan (PPP)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
xi. Quality Assurance Program (QAP)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
xii. Initial Decommissioning Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
xiii. Experience/Training Certificate(s) of Radiation Worker(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
xiv. Pay Order/Bank Draft/Copy of Bank Challan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

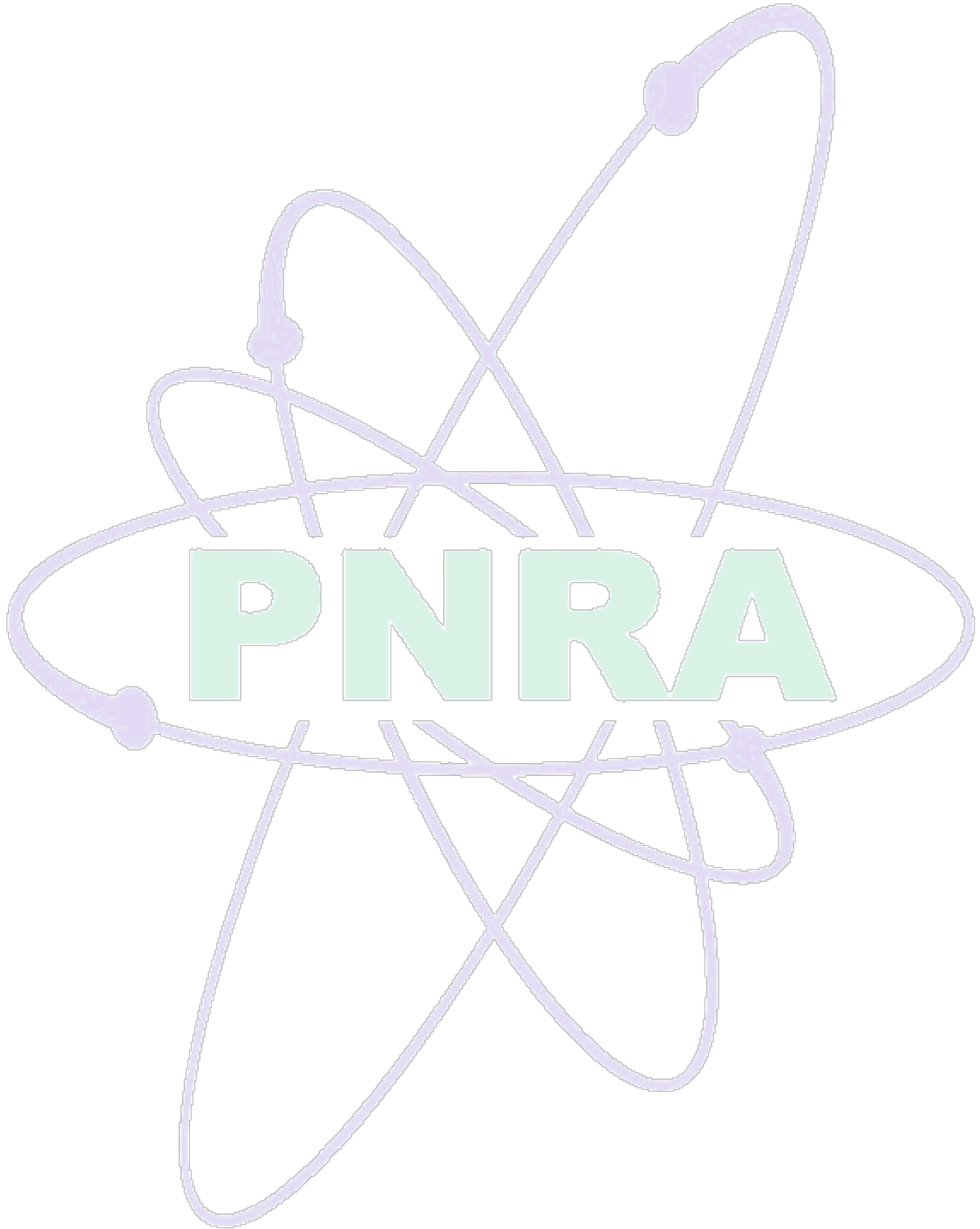
Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority.

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: [nsd1@pnra.org](mailto:nsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [nsd2@pnra.org](mailto:nsd2@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](mailto:rnsd3@pnra.org)





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR MANUFACTURING OF RADIOACTIVE SOURCES/RADIATION GENERATOR**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																	
Address:															Contact No.:				
															Fax No.:				
															E-mail:				

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

b) Date (dd-mm-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....  
.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....  
.....

7. Details of radiation facility:

Name of Organization/Firm	
---------------------------	--



Address (including Tehsil, District)	
Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Radioactive Material/Radiation Generator:a) Sealed Radioactive Sources (SRS)/Unsealed Radioactive Source (USRS)

Type of Radioactive Source (SRS/USRS)	Radionuclide(s)	Physical Form	Chemical Form	Maximum amount that will be processed per batch	Use of source

b) Radiation Generator (Diagnostic X-ray machine/CT Scanner/Baggage Scanner etc.)

Type of Equipment	Maximum Current (mA)	Maximum Voltage (kV)	Use of Equipment

9. Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s) etc.):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

.....

.....

11. Arrangements for safe and secure storage of radioactive source(s):

.....

.....

12. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.): .....
- b) Dosimetry Service Provider Name: .....
- c) Frequency of Dosimeter Exchange for Dose Assessment: .....

13. Radiation monitoring equipment:

Type of Instrument	Sr./ID. No.	Model No.	Manufacturer	Radiation Detected	Energy & Dose Range	Purpose of Monitoring	Date of Calibration

14. License Fee Information:

- a) License 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/bankChalanActivityType.asp>

OR

- b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Copy of CNIC of Applicant                                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Copy of CNIC of Owner (if applicant is not the owner)      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of passport (in case of foreigner applicant/owner)   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Copy of CNIC(s) of all Radiation Worker(s)                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Copy of Ownership/Lease Documents                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Authorization from the relevant Govt. Departments          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. Pay Order/Bank Draft/Copy of Bank Challan                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Manufacturers of Radioactive Materials/Sources**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Safety Analysis Report (SAR)                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Radiation Protection Program (RPP)          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Radiation Emergency Plan (REP)             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Radioactive Waste Management Program (RWMP) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Physical Protection Plan (PPP)               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Quality Assurance Program (QAP)             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Initial Decommissioning Plan               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Manufacturers of Radiation Generators**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Safety Analysis Report (SAR)                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Radiation Protection Program (RPP)              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Radiation Emergency Plan (REP) (if applicable) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Quality Assurance Program (QAP)                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Consumer Products having Radioactive Material**

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Plan, Map, Layout of the Facility               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Shielding Design                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Radiation Protection Program (RPP)            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Radiation Emergency Plan (REP)                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Radioactive Waste Management Program (RWMP)     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Physical Protection Plan (PPP) (if applicable) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Quality Assurance Program (QAP)               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. Initial Decommissioning Plan                 | 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)
- **RSD**, PNRA Headquarter, Mauve Area, G-8/1, Islamabad  
Phone No.: 051-9261737 Fax No.: 051-9262019



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR RADIOIMMUNOASSAY**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																	
Address:															Contact No.:				
															Fax No.:				
															E-mail:				

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

b) Date (dd-mm-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....  
.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....  
.....

7. Details of radiation facility:

Name of Organization/Hospital/Centre			
Address (including Tehsil, District)			

Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Radioactive Material:

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

9. Particulars of Employed Radiation Protection Officer(s)/Radiation Workers(s) etc.:

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of associated equipment (Gamma Counter etc.):

Apparatus Type	Sr./I.D. No.	Model No.	Manufacturer	Date of Calibration (If required)	Country of Origin

11. Details of radiation monitoring equipment (If any):

.....

.....

.....

12. Details of available Personal Protective Equipment (PPE):

.....

.....

.....

13. Management of radioactive waste:

.....

.....

.....

14. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.): .....
- b) Dosimetry Service Provider Name: .....
- c) Frequency of Dosimeter Exchange for Dose Assessment: .....

15. License Fee Information:

- a) License 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/bankChalanActivityType.asp>

OR

- b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

Please check the following documents are attached/submitted:

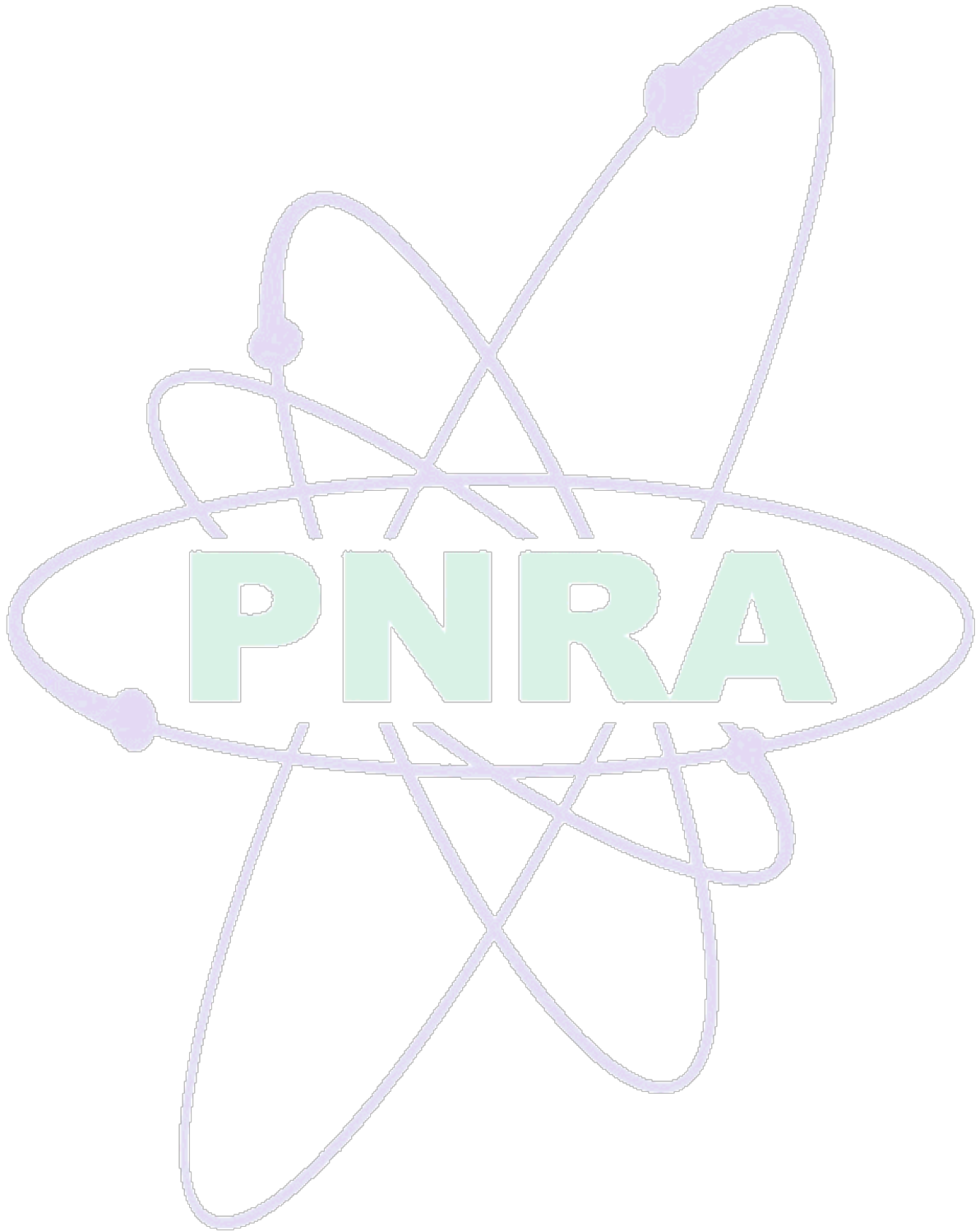
- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Copy of CNIC of Applicant                                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Copy of CNIC of Owner (if applicant is not the owner)      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of passport (in case of foreigner applicant/owner)   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Copy of CNIC(s) of all Radiation Worker(s)                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Copy of Ownership/Lease Documents                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Plan, Map, Layout of the Facility                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)







# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR NON-MEDICAL HUMAN IMAGING**

1. Particulars of the applicant:

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

2. If applicant is not the owner then particulars of the owner:

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

3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																	
Address:															Contact No.:				
															Fax No.:				
															E-mail:				

4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

b) Date (dd-mm-yy) you applied for registration and licensing:.....

c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....  
.....

5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

6. Purpose for which license is required:

.....  
.....

7. Details of radiation facility:

Name of Organization/Firm			
Address (including Tehsil, District)			



Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Radiation Generator:

Type of Radiation Generator	Sr./ID. No. of X- ray Tube	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)

9. Particulars of Employed Professionals/Radiation Worker:

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of available Personal Protective Equipment (PPE):

.....

.....

.....

11. Details of available Radiation Monitoring Equipment (if any):

.....

.....

.....

12. Arrangements for personal dose monitoring:

- a) Type of Dosimeter (Film/TLD etc.): .....
- b) Dosimetry Service Provider Name: .....
- c) Frequency of Dosimeter Exchange for Dose Assessment: .....

13. License Fee Information:

- a) License 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/bankChalanActivityType.asp>

OR

- b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

Please check the following documents are attached/submitted:

i.	Copy of CNIC of Applicant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii.	Copy of CNIC of Owner (if applicant is not the owner)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iii.	Copy of passport (in case of foreigner applicant/owner)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iv.	Copy of CNIC(s) of all Radiation Worker(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
v.	Copy of Ownership/Lease Documents	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
vi.	Plan, Map, Layout of the Facility	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
vii.	Shielding Design (if applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
viii.	Experience/Training Certificate(s) of Radiation Worker(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ix.	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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND LICENSING FOR USE OF NUCLEAR/X-RAY ANALYZER/DETECTOR**

### 1. Particulars of the applicant:

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

### 2. If applicant is not the owner then particulars of the owner:

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

### 3. If applicant/owner is foreigner, then particulars of the foreigner applicant/owner:

Name		Passport No.																	
Address:															Contact No.:				
															Fax No.:				
															E-mail:				

### 4. Have you ever applied for registration and licensing with PNRA in the past:

Yes ☐ No ☐

If Yes:

#### a) Location of PNRA office where you applied for registration and licensing:

Islamabad ☐ Kundian ☐ Karachi ☐

#### b) Date (dd-mm-yy) you applied for registration and licensing:.....

#### c) Final decision of PNRA on your application. Please describe briefly:

.....  
.....  
.....

### 5. If already licensed with PNRA, please provide:

a) License No.:.....

b) Status of license: Valid ☐ Suspended ☐ Cancelled ☐

### 6. Purpose for which license is required:

.....  
.....

### 7. Details of radiation facility:

Name of Organization/Industry			
Address (including Tehsil, District)			

Status of premises	Owned <input type="checkbox"/> On lease/rent <input type="checkbox"/>

8. Specifications of Nuclear/X-Ray Analyzer/Detector:a) Nuclear Analyzer/Detector Gauge

Type of Analyzer/Detector	Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin

b) X-Ray Analyzer/Detector

Type of Analyzer/Detector	Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Country of Origin

9. Particulars of Employed Professionals/Radiation Worker(s):

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Details of radiation monitoring equipment (If any):

.....

.....

11. Details of available Personal Protective Equipment (PPE):

.....

.....

12. Arrangements for personal dose monitoring:

a) Type of Dosimeter (Film/TLD etc.): .....

b) Dosimetry Service Provider Name: .....

c) Frequency of Dosimeter Exchange for Dose Assessment: .....

13. Management of Disused Sealed Radioactive Sources (DSRS)/Radioactive Waste:

.....

.....

14. Arrangements for security of radioactive source(s):

.....

.....

15. License Fee Information:

- a) License 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/bankChalanActivityType.asp>

OR

- b) License fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

Signature of the Owner: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Copy of CNIC of Applicant                                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Copy of CNIC of Owner (if applicant is not the owner)      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Copy of passport (in case of foreigner applicant/owner)   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Copy of CNIC(s) of all Radiation Worker(s)                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Copy of Ownership/Lease Documents                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Plan, Map, Layout of the Facility                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Experience/Training Certificate(s) of Radiation Worker(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. 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):

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Phone No.: 051-9263019 Fax No.: 051-9263009 Email: [rnisd1@pnra.org](mailto:rnisd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnisd2@pnra.org](mailto:rnisd2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
Phone No.: 021-99266282 Fax No.: 021-99266280 Email: [rnisd3@pnra.org](mailto:rnisd3@pnra.org)

## **Annexure II: Application Forms for Renewal of License**

- i. 1-B: Application form for renewal of license for diagnostic radiology
- ii. 2-B: Application form for renewal of license for radiotherapy
- iii. 3-B: Application form for renewal of license for nuclear medicine/nuclear cardiology
- iv. 4-B: Application form for renewal of license for industrial radiography
- v. 5-B: Application form for renewal of license for use of nuclear/x- ray gauge
- vi. 6-B: Application form for renewal of license for irradiation
- vii. 7-B: Application form for renewal of license for oil well logging
- viii. 8-B: Application form for renewal of license for gamma/ x-ray scanning
- ix. 9-B: Application form for renewal of license for use of radioactive material/radiation equipment in teaching and research
- x. 10-B: Application form for renewal of license for import/export/trade of radioactive material/radiation equipment
- xi. 11-B: Application form for renewal of license for full- fledged medical centre
- xii. 12-B: Application form for renewal of license for manufacturing of radioactive sources/radiation generator
- xiii. 13-B: Application form for renewal of license for radioimmunoassay
- xiv. 14-B: Application form for renewal of license for non-medical human imaging
- xv. 15-B: Application form for renewal of license for use of nuclear/x-ray analyzer/detector



# 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.													
Passport No. (In case of foreigner licensee)															
Designation															
Address:										Contact No.					
										Fax No.					
										E-mail					

### 2. License information:

a. Date of Registration with PNRA			
b. License No.		c. Validity of License	

### 3. Any change in location of radiation equipment:

Yes ☐ No ☐

If Yes:

Provide complete updated address (including mohalla/chak, Tehsil and District):

.....  
 .....

### 4. Any addition/reduction in radiation generator:

Yes ☐ No ☐

If Yes:

Provide details of radiation generator:

Type of Radiation Generator (Dental/CT-Scanner, etc.)	Sr./ID. No. of X-ray Tube	Model No.	Manufacturer & Date Manufacturing	Maximum Voltage (kV)	Maximum Current (mA)	Addition*/Reduction

### 5. Any change in particulars of Employed Professionals (Radiologist(s)/Radiographer(s) etc.):

Yes ☐ No ☐

If Yes:

*\*In case of addition of new X-ray machine, please submit Application Form-1A along with this renewal form*



Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

6. Status of previous inspection recommendations:

.....

.....

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

.....

.....

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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: .....

Stamp of Office: .....

.....

.....

Please check the following documents are attached/submitted:

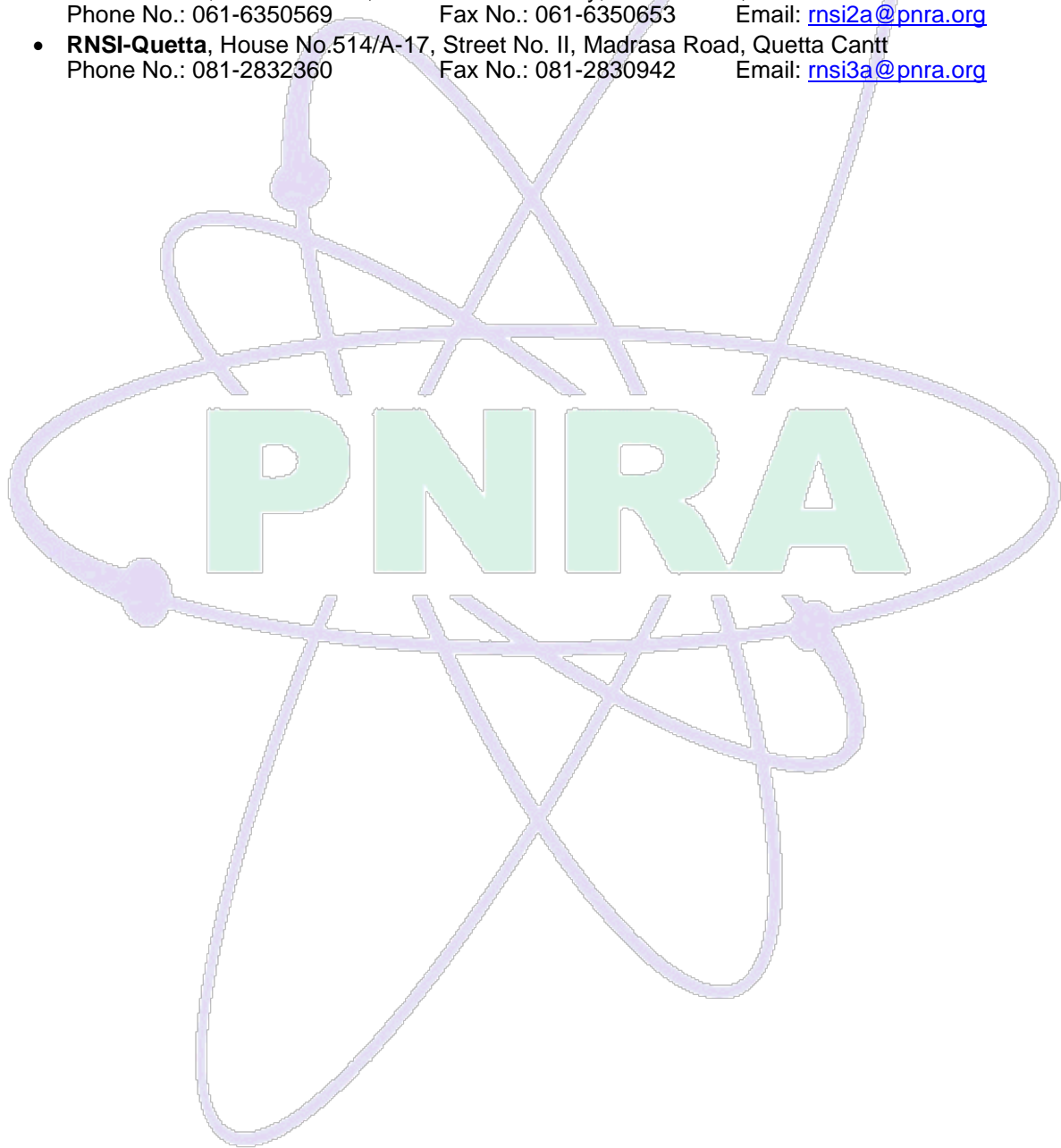
- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Updated list along with annual dose record of radiation workers        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Updated 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) & Regional Nuclear Safety Inspectorate (RNSI):

- **RNSD-I**, PNRA Headquarter, Mauve Area, G-8/1, Islamabad  
Phone No.: 051-9263019 Fax No.: 051-9263009 Email: [rnsd1@pnra.org](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)
- **RNSI-Peshawar**, House No. 124, Street No. 9, Phase-2, Sector H3, Hayyatabad, Peshawar  
Phone No.: 091-9330317 Fax No.: 091-933316 Email: [rnsi1a@pnra.org](mailto:rnsi1a@pnra.org)
- **RNSI-Gilgit-Baltistan**, HRDC Complex, Near Regional Board Center, Jutial, Gilgit-Baltistan  
Phone No.: 58119-30083 Fax No.: 05811-552844 Email: [rnsi1b@pnra.org](mailto:rnsi1b@pnra.org)
- **RNSI-AJ&K**, Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K  
Phone No.: 0582-2943904 Fax No.: 0582-2943904 Email: [rnsi1c@pnra.org](mailto:rnsi1c@pnra.org)
- **RNSI-Multan**, House No. 93, Western Fort Colony, Qasim Bella, Multan  
Phone No.: 061-6350569 Fax No.: 061-6350653 Email: [rnsi2a@pnra.org](mailto:rnsi2a@pnra.org)
- **RNSI-Quetta**, House No.514/A-17, Street No. II, Madrasa Road, Quetta Cantt  
Phone No.: 081-2832360 Fax No.: 081-2830942 Email: [rnsi3a@pnra.org](mailto:rnsi3a@pnra.org)





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR RADIOTHERAPY**

1. Particulars of the licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

2. License information:

a. Date of Registration with PNRA			
b. License No.		c. Validity of License	

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

Yes ☐ No ☐

If Yes:

a. Provide details of radioactive material (Teletherapy/Brachytherapy Source):

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Addition/Reduction

b. Provide details of radiation generator (LINAC, X-ray/CT Simulator etc.):

Apparatus Type	Sr./ID No.	Model No.	Manufacturer	Maximum Voltage of Radiation Apparatus	New/Refurbished	Country of Origin	Addition/Reduction

4. Any change in particulars of Employed Professionals (Radiation Oncologist(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

5. Status of previous inspection recommendations:

.....

.....

6. Reference/brief 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: .....

Stamp 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR NUCLEAR MEDICINE/ NUCLEAR CARDIOLOGY**

### 1. Particulars of the licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

### 2. License information:

a. Date of Registration with PNRA			
b. License No.		c. Validity of License	

### 3. Any addition/reduction in radioactive source and equipment:

Yes ☐ No ☐

If Yes:

a. Provide details of sealed radioactive sources:

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Addition/Reduction

b. Provide details of unsealed radioactive sources:

Radionuclide(s)	Pharmaceutical to be labeled	Activity to be purchased per month	Purpose

c. Provide details of associated equipment (gamma/PET camera, dose calibrator / multichannel analyzer etc.):

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

### 4. Any change in particulars of Employed Professionals (Nuclear Physician(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

5. Status of previous inspection recommendations:

.....

.....

6. Reference/brief 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: .....

Stamp of Office: .....

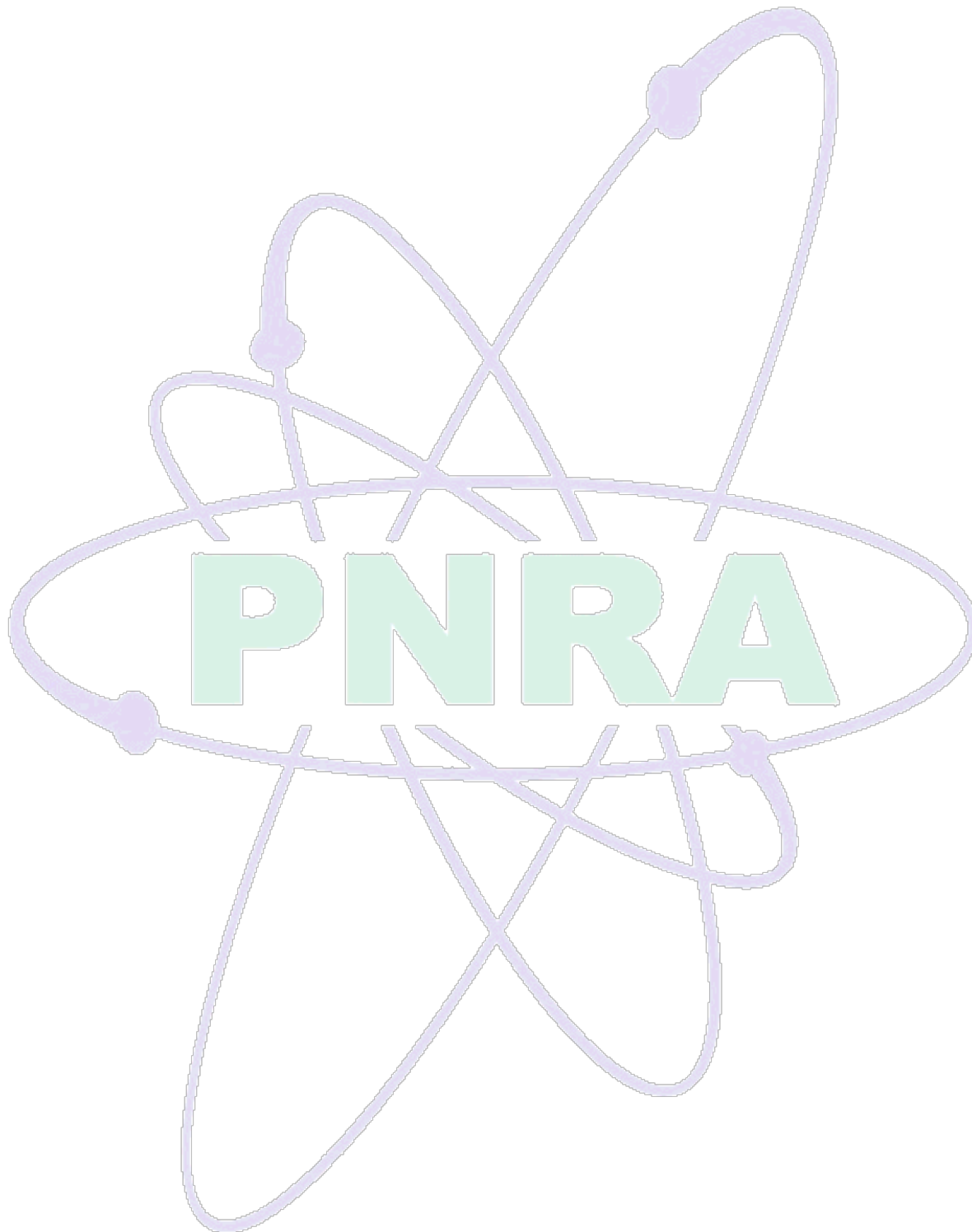
Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Updated 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)







# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR INDUSTRIAL RADIOGRAPHY**

### 1. Particulars of the licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

### 2. License information:

a. Date of Registration with PNRA			
b. License No.		c. Validity of License	

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

Yes ☐ No ☐

If Yes:

a. Provide details of sealed radioactive material/source:

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Addition/Reduction

b. Provide details of gamma projectors:

Sr./ID. No.	Model No.	Manufacturer	Shielding Material	Country of Origin	Addition/Reduction

c. Provide details of radiation generators:

Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Country of Origin	Addition/Reduction

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

Yes ☐ No ☐

If Yes:



Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

5. Status of previous inspection recommendations:

.....

.....

6. Reference/brief 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: .....

Stamp of Office: .....

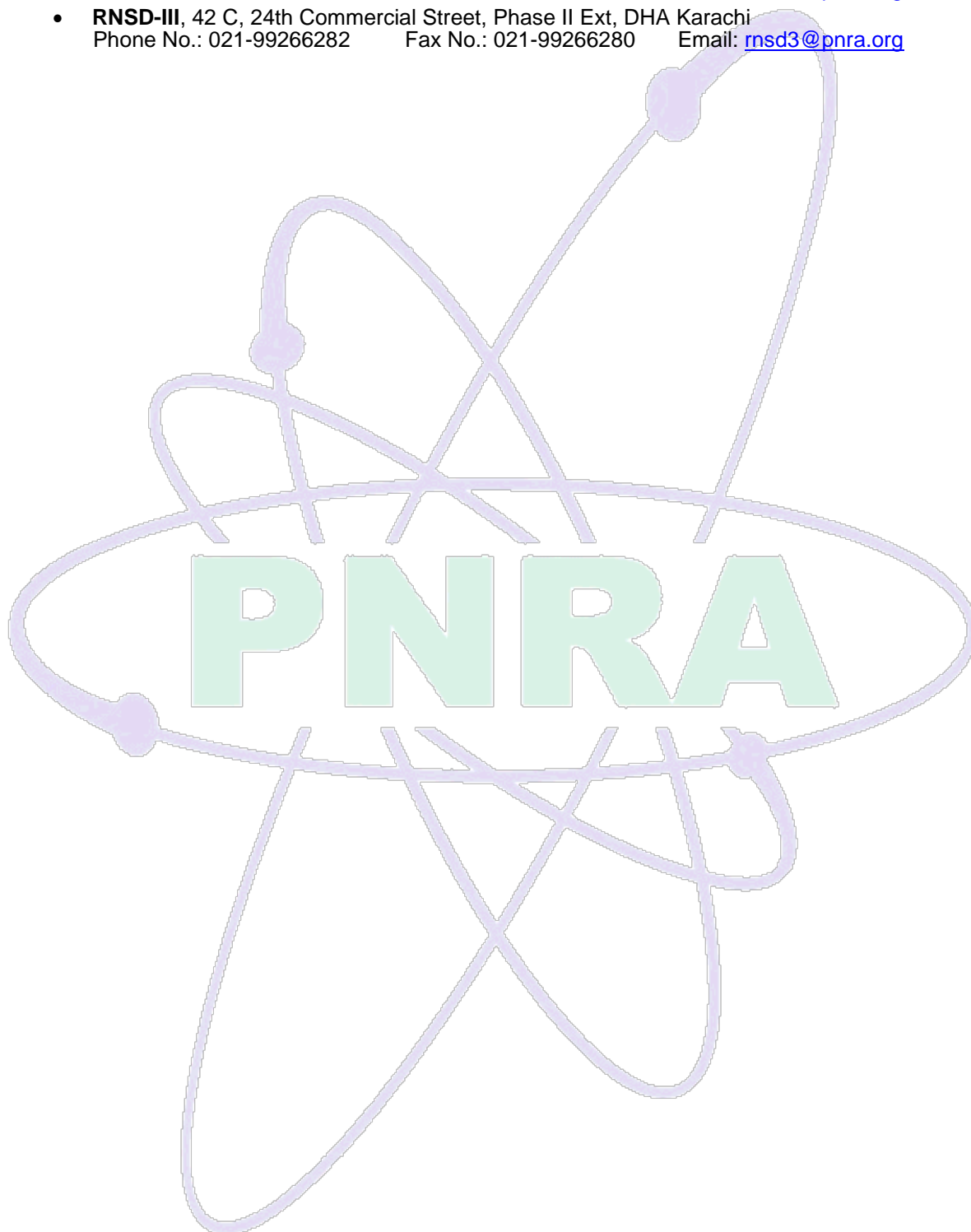
Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR USE OF NUCLEAR/ X- RAY GAUGE**

1. Particulars of the licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

2. License information:

a. Date of Registration with PNRA																			
b. License No.											c. Validity of License								

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.	Manu factur er	Activity with Reference Date	Category of SRS	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

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

Yes ☐ No ☐

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

5. Status of previous inspection recommendations:

.....

.....

6. Reference/brief 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: .....

Stamp 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: [rnisd1@pnra.org](mailto:rnisd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnisd2@pnra.org](mailto:rnisd2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
Phone No.: 021-99266282 Fax No.: 021-99266280 Email: [rnisd3@pnra.org](mailto:rnisd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR IRRADIATION**

### 1. Particulars of the licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:															Contact No.				
															Fax No.				
															E-mail				

### 2. License information:

a. Date of Registration with PNRA																			
b. License No.										c. Validity of License									

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

Yes ☐ No ☐

If Yes:

#### a. Provide details of radioactive material/source:

Type of Irradiator	Radionuclide(s)	ID. No.	Model No.	Manuf-acturer	Activity with Reference Date	Category of SRS	Country of Origin	Addition/Reduction

#### b. Provide details of radiation generator:

Type of Irradiator	Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage of Radiation Apparatus	Country of Origin	Addition/Reduction

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

Yes ☐ No ☐

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/Training	Left / Joined

5. Status of previous inspection recommendations:

.....

.....

6. Reference/brief 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: .....

Stamp of Office: .....

Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Updated list and occupational exposure data of 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR OIL WELL LOGGING**

1. Particulars of the licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

2. License information:

a. Date of Registration with PNRA			
b. License No.		c. Validity of License	

3. Any addition/reduction in radioactive material/source:

Yes ☐ No ☐

If Yes:

Provide details of sealed radioactive material/source:

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Addition/Reduction

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

Yes ☐ No ☐

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/Training	Left / Joined

5. Status of previous inspection recommendations:

.....  
.....

6. Reference/brief 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: .....

Stamp 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR GAMMA/ X-RAY SCANNING**

### 1. Particulars of the licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

### 2. License information:

a. Date of Registration with PNRA																			
b. License No.											c. Validity of License								

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

Yes ☐ No ☐

If Yes:

#### a. Provide details of radioactive material:

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Addition/Reduction

#### b. Provide details of radiation generator:

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

### 4. Any change in particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s)):

Yes ☐ No ☐

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/Training	Left / Joined

5. Status of previous inspection recommendations:

.....

.....

6. Reference/brief 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: .....

Stamp 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):

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Phone No.: 051-9263019 Fax No.: 051-9263009 Email: [rsd1@pnra.org](mailto:rsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rsd2@pnra.org](mailto:rsd2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
Phone No.: 021-99266282 Fax No.: 021-99266280 Email: [rsd3@pnra.org](mailto:rsd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR USE OF RADIOACTIVE MATERIAL/RADIATION EQUIPMENT IN TEACHING AND RESEARCH**

1. Particulars of the licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

2. License information:

a. Date of Registration with PNRA			
b. License No.		c. Validity of License	

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

Yes ☐ No ☐

If Yes:

a. Provide details of sealed radioactive sources:

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin	Addition/Reduction

b. Provide details of unsealed radioactive sources:

Radionuclide(s)	Pharmaceutical to be labeled	Activity to be purchased per month	Purpose

c. Provide details of radiation generator (XRD, XRF etc.):

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

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

Yes ☐ No ☐

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

5. Status of previous inspection recommendations:

.....  
 .....

6. Reference/brief 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

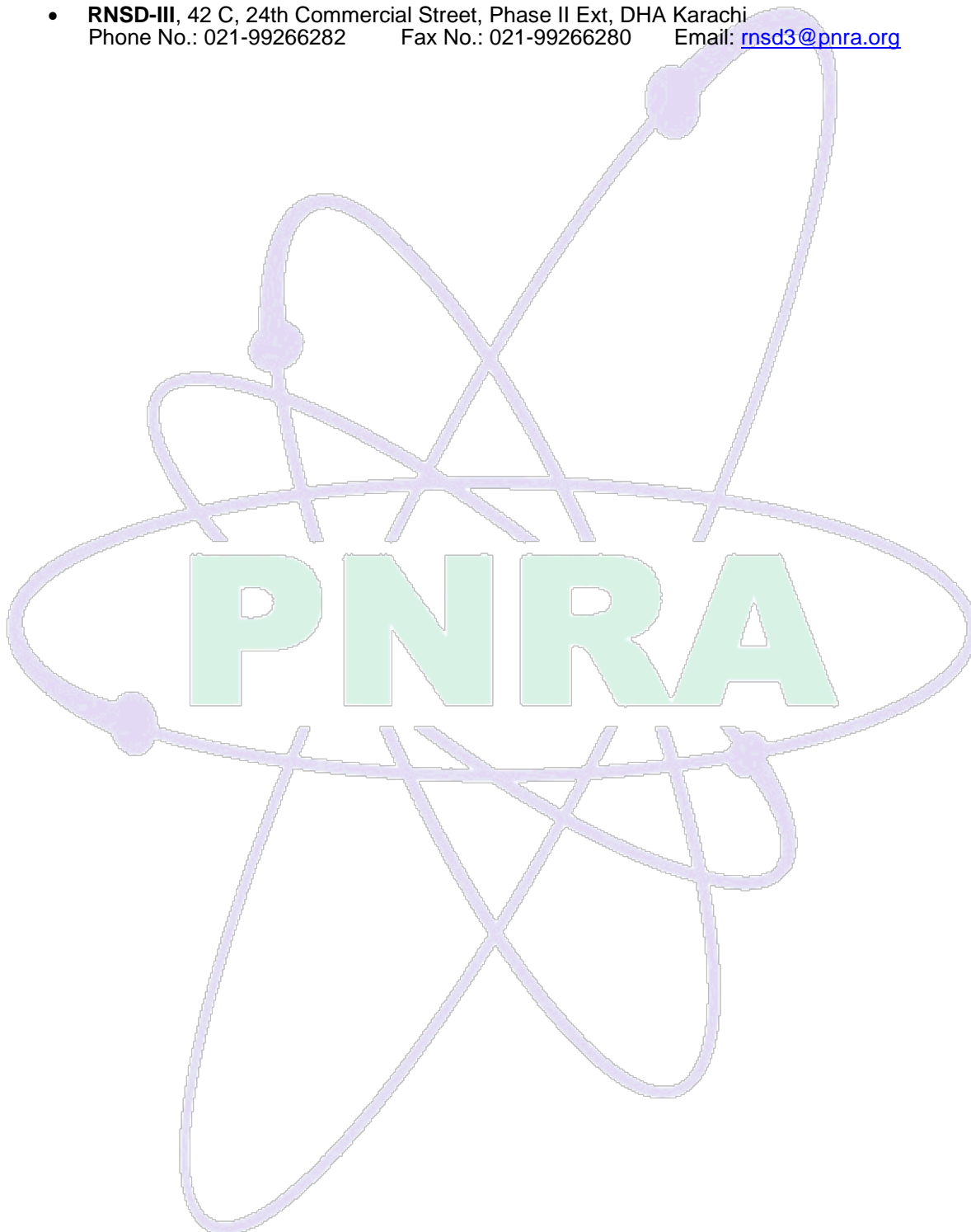
Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 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):

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Phone No.: 051-9263019 Fax No.: 051-9263009 Email: [rnsd1@pnra.org](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)







# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR IMPORT/EXPORT/TRADE OF RADIOACTIVE MATERIAL/RADIATION EQUIPMENT/ DEVICES CONTAINING RADIOACTIVE MATERIAL**

1. Particulars of the licensee:

Name											CNIC No.										
Passport No. (In case of foreigner licensee)																					
Designation																					
Address:																Contact No.					
																Fax No.					
																E-mail					

2. License information:

a. Date of Registration with PNRA										
b. License No.										
c. Validity of License										

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

Yes ☐ No ☐

If Yes:

a. Provide details of sealed radioactive sources:

Radionuclide(s)	Manufacturer	Country of Origin	Purpose	Addition/Reduction

b. Provide details of unsealed radioactive sources:

Radionuclide(s)	Manufacturer	Activity to be procured/ordered per month	Country of Origin	Purpose	Addition/Reduction

c. Provide details of radiation generator:

Apparatus Type	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Country of Origin	Purpose	Addition/Reduction

d. Provide details of devices containing radioactive material

Type of Device	Sr./ID. No.	Model No.	Manufacturer	Shielding Material	Country of Origin	Addition/Reduction




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

Yes ☐ No ☐

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

5. Status of previous inspection recommendations:

.....  
 .....

6. Reference/brief 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

\_\_\_\_\_

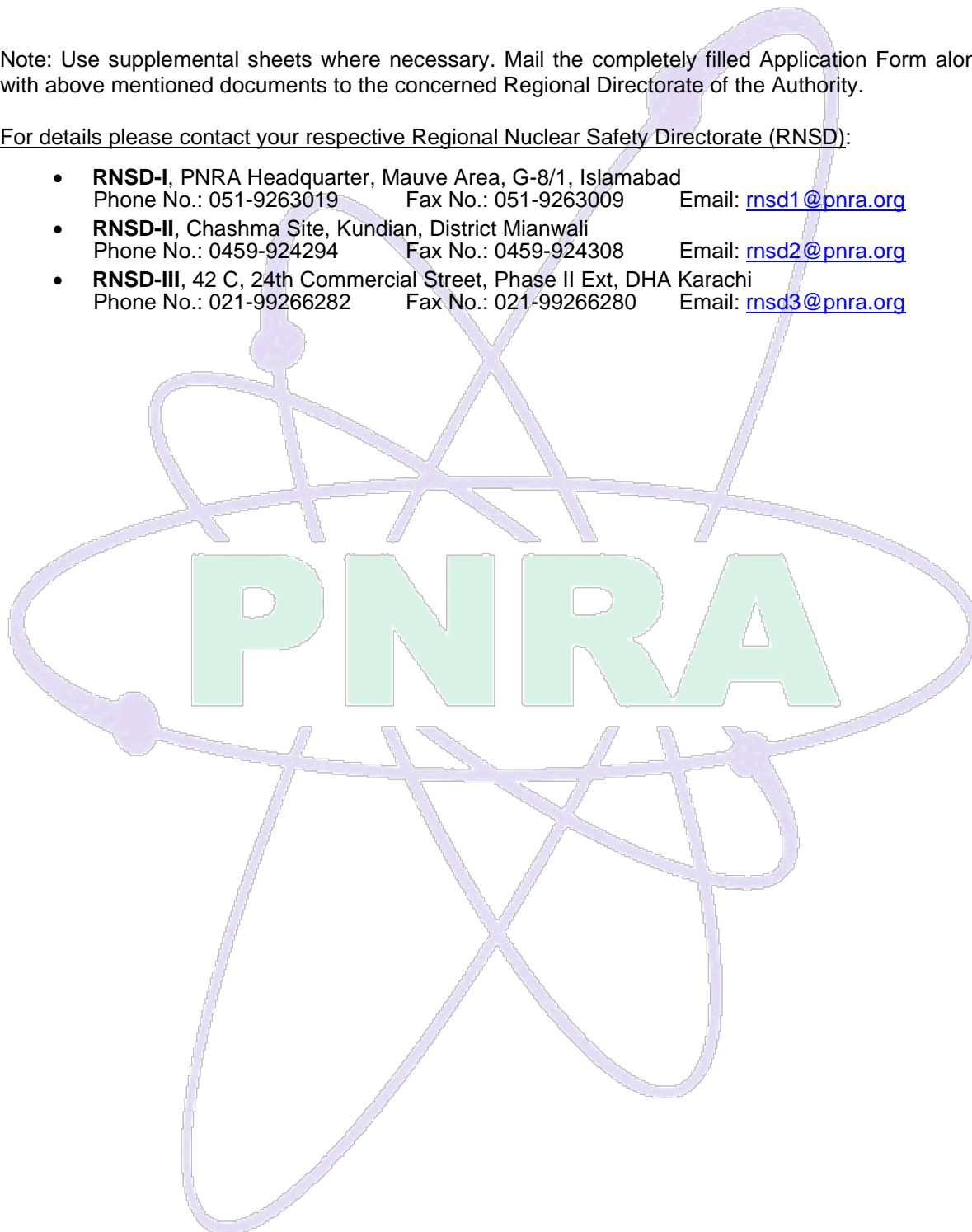
Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)





# 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.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

### 2. License information:

a. Date of Registration with PNRA																			
b. License No.											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	Activity with Reference Date	Category of SRS	Country of Origin	Addition/Reduction

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

Radionuclide(s)	Pharmaceutical to be labeled	Activity to be purchased per month	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/Energy	Country of Origin	New/Refurbished	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)	New/ Refurbished	Addition/ Reduction

4. Details of associated equipment (Gamma/PET Camera, Dose Calibrator/Multichannel Analyzer etc.):

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

5. Any change in particulars of Employed Professionals (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:

.....  
 .....

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

.....  
 .....

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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: \_\_\_\_\_

Stamp 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR MANUFACTURING OF RADIOACTIVE SOURCES/RADIATION GENERATOR**

### 1. Particulars of the licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

### 2. License information:

a. Date of Registration with PNRA			
b. License No.		c. Validity of License	

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

Yes ☐ No ☐

If Yes:

a. Provide details of radioactive material:

Type of Radioactive Source (SRS/USRS)	Radionuclide(s)	Physical Form	Chemical Form	Maximum amount that will be processed per batch	Use of source	Addition/Reduction

b. Provide details of radiation generator:

Type of Equipment	Maximum Current (mA)	Maximum Voltage (kV)	Use of Equipment	Addition/Reduction

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

Yes ☐ No ☐

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined



5. Status of previous inspection recommendations:

.....

.....

6. Reference/brief 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: .....

Stamp 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.

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Phone No.: 051-9263019 Fax No.: 051-9263009 Email: [rnisd1@pnra.org](mailto:rnisd1@pnra.org)
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Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnisd2@pnra.org](mailto:rnisd2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
Phone No.: 021-99266282 Fax No.: 021-99266280 Email: [rnisd3@pnra.org](mailto:rnisd3@pnra.org)
- **RSD**, PNRA Headquarter, Mauve Area, G-8/1, Islamabad  
Phone No.: 051-9261737 Fax No.: 051-9262019





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR RADIOIMMUNOASSAY**

1. Particulars of the licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

2. License information:

a. Date of Registration with PNRA			
b. License No.		c. Validity of License	

3. Any addition/reduction in radioactive material and equipment:

Yes ☐ No ☐

If Yes:

a. Provide details of radioactive material:

Radionuclide(s)	Pharmaceutical to be labeled	Activity to be purchased per month	Purpose

b. Provide details of equipment:

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

4. Any change in particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Workers(s) etc.):

Yes ☐ No ☐

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

5. Status of previous inspection recommendations:

.....

.....

6. Reference/brief 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: .....

Stamp 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: [rsd1@pnra.org](mailto:rsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rsd2@pnra.org](mailto:rsd2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
Phone No.: 021-99266282 Fax No.: 021-99266280 Email: [rsd3@pnra.org](mailto:rsd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR NON-MEDICAL HUMAN IMAGING**

1. Particulars of the licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

2. License information:

a. Date of Registration with PNRA																		
b. License No.											c. Validity of License							

3. Any addition/reduction in radiation generator:

Yes ☐ No ☐

If Yes:

Provide details of radiation generator:

Type of Radiation Generator	Sr./ID. No. of X-ray Tube	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Addition/Reduction

4. Any change in particulars of Employed Professionals (Radiation Worker(s)):

Yes ☐ No ☐

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/Training	Left / Joined

5. Status of previous inspection recommendations:

.....  
.....

6. Reference/brief of radiation incident 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: .....

Stamp 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM FOR RENEWAL OF LICENSE FOR USE OF NUCLEAR/X-RAY ANALYZER/DETECTOR**

1. Particulars of the licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:													Contact No.						
													Fax No.						
													E-mail						

2. License information:

a. Date of Registration with PNRA			
b. License No.		c. Validity of License	

3. Any addition/reduction in nuclear/x-ray analyzer/detector:

Yes ☐ No ☐

If Yes:

a. Provide details of nuclear analyzer/detector:

Type of Analyzer /Detector	Radionuclide(s)	Source ID. No.	Manufacturer	Initial Activity with Date	Present Activity with Date	Country of Origin	Addition/Reduction

b. Provide details of X-Ray Analyzer/Detector:

Type of Analyzer /Detector	Sr./ID. No.	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	Country of Origin	Addition/Reduction

4. Any change in particulars of Employed Professionals (Radiation Worker(s)):

Yes ☐ No ☐

If Yes:

Provide details below:

Name	Designation	CNIC No.	Age	Qualification	Experience/ Training	Left / Joined

5. Status of previous inspection recommendations:



6. Reference/brief 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/bankChalanActivityType.asp>

OR

- b) License renewal fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. 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, regulatory orders, 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: .....

Stamp 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: [rnisd1@pnra.org](mailto:rnisd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnisd2@pnra.org](mailto:rnisd2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
Phone No.: 021-99266282 Fax No.: 021-99266280 Email: [rnisd3@pnra.org](mailto:rnisd3@pnra.org)

**Annexure III: Application Forms for Obtaining Specific Authorization**

- i. 1-C: Application form to obtain No Objection Certificate (NOC)\* for the import of radiation generator
- ii. 2-C: application form to obtain No Objection Certificate (NOC)\* for the import of radioactive sources(s)/material/container
- iii. 3-C: Application form to obtain No Objection Certificate (NOC)\* for local purchase of radioactive material/radiation generator
- iv. 4-C: Application form to obtain No Objection Certificate (NOC)\* for the export of radiation generator
- v. 5-C: Application form to obtain No Objection Certificate (NOC)\* for the export of radioactive source(s)/material/container
- vi. 6-C: Application form to obtain No Objection Certificate (NOC)\* For The reuse of Disused Sealed Radioactive Source (DSRS)
- vii. 7-C: Application form to obtain authorization for transfer/sale of radioactive source/radiation generator
- viii. 8-C: Application form to obtain authorization for transfer of radioactive material to radioactive waste management facility
- ix. 9-C: Application form to obtain authorization for decommissioning of radiation facility
- x. 10-C: Application form to obtain authorization for clearance of radioactive material
- xi. 11-C: Application form to obtain authorization for health screening/biomedical research
- xii. 12-C: Application form to obtain authorization for modification\* at radiation facility
- xiii. 13-C: Application form to obtain authorization for Transfer of/Amendment/Change in license
- xiv. 14-C: Application form to obtain authorization for surrender of license
- xv. 15-C: Application form to obtain authorization for transit/ transport of radioactive material/contaminated items
- xvi. 16-C: Application form to obtain import permit for the procurement of radiation source





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN NO OBJECTION CERTIFICATE (NOC)\* FOR THE IMPORT OF RADIATION GENERATOR**

### 1. Particulars of the Licensee:

Name											CNIC No.										
Passport No. (In case of foreigner licensee)																					
Designation																					
Address:															Contact No.						
															Fax No.						
															E-mail						

### 2. License Information:

a. Date of Registration with PNRA																					
b. License No.											c. Validity of License										

### 3. Technical Specification:

Sr. No.	Type of Radiation Generator	Sr./ID. No. of X-ray Tube	Model No.	Manufacturer & Date of Manufacturing	Maximum Voltage (kV)	Maximum Current (mA)	New/Used

### 4. Administrative Information:

a. Purpose of import	
b. Expected date of import	
c. Name & address of exporter	
d. Name & address of Supplier	
e. Country of origin	
f. Mode of shipment (Air/Sea/Land)	

### 5. Location for Installation/Use of Radiation Generator:

(Address including Tehsil & District)

.....

6. Any other Information:7. Authorization Fee Information:

- a) Authorization 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/bankChalanActivityType.asp>

OR

- b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. Please provide the following details:

Pay Order/Bank Draft No.: .....

Amount:.....

Date:.....

Name of the Bank:.....

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

Signature of the Licensee: .....

Dated: .....

Stamp of Office: .....

Please check the following documents are attached/submitted:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| i. Airway bill/bill of lading   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Commercial invoice  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Packing list   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Technical specification sheet of radiation generator                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Sale/stock report of radiation equipment in case of importers        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi. Fitness certificate in case of used/refurbished radiation generator | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. Pay Order/Bank Draft/Copy of Bank Challan                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

\* **NOC is granted to registered/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: [rnisd1@pnra.org](mailto:rnisd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnisd2@pnra.org](mailto:rnisd2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
Phone No.: 021-99266282 Fax No.: 021-99266280 Email: [rnisd3@pnra.org](mailto:rnisd3@pnra.org)

P. O. Box No. 1912, Islamabad

vi.	Arrangements for safe transportation of radioactive source(s)/material/device from the port of entry to the proposed site of the establishment	
vii.	Arrangements for storage of radioactive source(s)/material	
viii.	Security measures during transport, storage and usage	
ix.	Arrangements for the disused source(s)	

5. Any other Information:

.....

.....

6. Authorization Fee Information:

- a) Authorization 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/bankChalanActivityType.asp>

OR

- b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. Please provide the following details:

Pay Order/Bank Draft No.: .....

Amount:.....

Date:.....

Name of the Bank:.....

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

Signature of the Licensee: .....

Dated: .....

Stamp of Office: .....

Please check the following documents are attached/submitted:

i. Airway bill/bill of lading	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii. Packing list	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iii. Commercial invoice	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iv. Manufacturer's source certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
v. Special form certificate of sealed radioactive source	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
vi. Shipper's declaration of dangerous goods	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
vii. Package design certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
viii. Copy of issued permit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ix. Undertaking from manufacturer or supplier to accept the return of the source(s) after useful life	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
x. Pay Order/Bank Draft/Copy of Bank Challan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

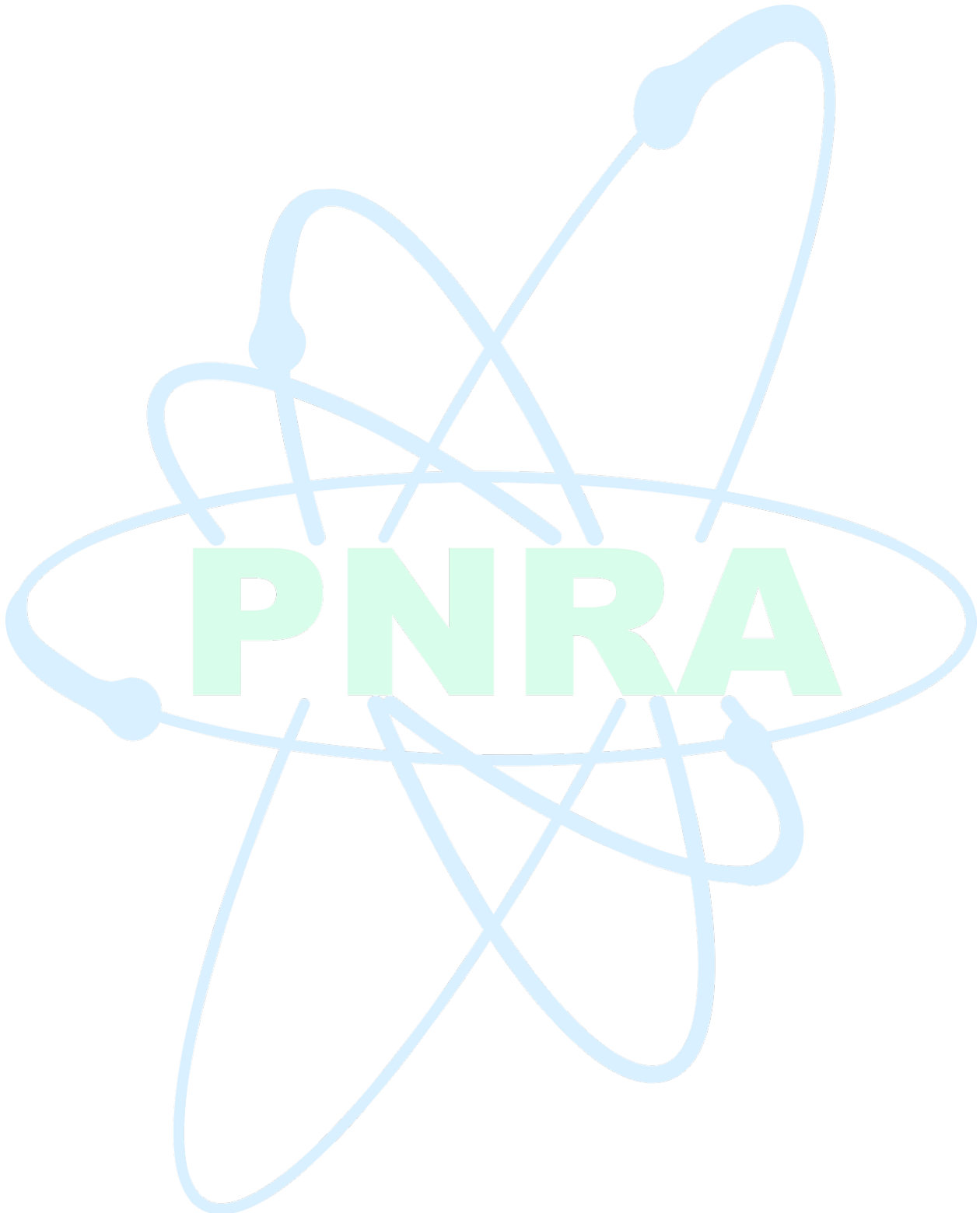
**\* NOC is granted to registered/license holder of PNRA**

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: [rnisd1@pnra.org](mailto:rnisd1@pnra.org)

- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294      Fax No.: 0459-924308      Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN NO OBJECTION CERTIFICATE (NOC)\* FOR LOCAL PURCHASE OF RADIOACTIVE MATERIAL/RADIATION GENERATOR**

1. Particulars of the Licensee:

Name		CNIC No.															
Passport No. (In case of foreigner licensee)																	
Designation																	
Address:												Contact No.					
												Fax No.					
												E-mail					

2. License Information:

a. Date of Registration with PNRA			
b. License No.		c. Validity of License	

3. Particulars of Manufacturer/Supplier:

Name		PNRA License No.		
Address:		Contact No.		
		Fax No.		
		E-mail		
		NTN No. (if any)		

4. Technical Information of Radioactive Material/Radiation Generator:

a. Unsealed Radioactive Source (USRS)

Sr. No.	Radionuclide(s)	Pharmaceutical to be Labeled	Manufacturer	Activity to be Purchased per week/month	Purpose

b. Sealed Radioactive Source (SRS)

Sr. No.	Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Reference Activity with Date	Category of SRS	Purpose

c. Radiation Generator

Sr. No.	Type of Radiation Generator	Sr./ID. No. of X-ray Tube	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	New/Refurbished

5. Arrangements for Safety and Security during Transport of Radioactive Material:

6. Details of Package/Container:

Type of Package	Category of Package	Identification No.	Transport Index	Design Validity

7. Authorization Fee Information:

- a) Authorization 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/bankChalanActivityType.asp>

OR

- b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. Please provide the following details:

Pay Order/Bank Draft No.: .....

Amount:.....

Date:.....

Name of the Bank:.....

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

Signature of the Licensee: .....

Dated: .....

Stamp of Office: .....

Please check the following documents are attached/submitted:

Pay Order/Bank Draft/Copy of Bank Challan

Yes ☐ No ☐**Sealed Radioactive Source (SRS)**

i. Manufacturer source certificate

Yes ☐ No ☐

ii. Special form certificate

Yes ☐ No ☐

iii. Package design certificate

Yes ☐ No ☐

iv. Shipper's declaration of dangerous goods (if required)

Yes ☐ No ☐**Unsealed Radioactive Source (USRS)**

i. Manufacturer source certificate

Yes ☐ No ☐

ii. Package design certificate

Yes ☐ No ☐**Radiation Generator**

i. Technical specification sheet of radiation generator

Yes ☐ No ☐

ii. Fitness certificate in case of used/refurbished radiation generator

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: [rnisd1@pnra.org](mailto:rnisd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnisd2@pnra.org](mailto:rnisd2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
Phone No.: 021-99266282 Fax No.: 021-99266280 Email: [rnisd3@pnra.org](mailto:rnisd3@pnra.org)





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN NO OBJECTION CERTIFICATE (NOC)\* FOR THE EXPORT OF RADIATION GENERATOR**

### 1. Particulars of the Licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

### 2. License Information:

a. Date of Registration with PNRA																			
b. License No.											c. Validity of License								

### 3. Technical Information:

Sr. No.	Type of Radiation Generator	Sr./ID. No. of X-ray Tube	Model No.	Manufact-urer	Maximum Voltage (kV)	Maximum Current (mA)

### 4. Administrative Information:

i.	Purpose of Export	
ii.	Expected date of Export	
iii.	Name and address of Consignee	
iv.	Country of destination	
v.	Name and address of carrier/agent	
vi.	Mode of shipment (Air/Sea/Land)	

### 5. Any other Information:

.....  
.....  
.....

6. Authorization Fee Information:

- a) Authorization 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/bankChalanActivityType.asp>

OR

- b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. Please provide the following details:

Pay Order/Bank Draft No.: .....

Amount:.....

Date:.....

Name of the Bank:.....

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

Signature of the Licensee: .....

Dated: .....

Stamp of Office: .....

Please check Pay Order/Bank Draft/Copy of Bank Challan 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN NO OBJECTION CERTIFICATE (NOC)\* FOR THE EXPORT OF RADIOACTIVE SOURCE(S)/MATERIAL/CONTAINER/ DEVICES CONTAINING RADIOACTIVE MATERIAL**

### 1. Particulars of the Licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

### 2. License Information:

a. Date of Registration with PNRA																			
b. License No.											c. Validity of License								

### 3. Technical Information:

i.	Name of radioactive source(s)/material	
ii.	Name of device containing radioactive material	
iii.	Radioactive source(s) identification no(s). along with copy of manufacturer certificate(s)	
iv.	Sealed or unsealed	
v.	Physical form of source(s)/material	
vi.	Chemical composition	
vii.	Number of radioactive sources along with Activity of each source or total quantity of radioactive material at the time of export	
viii.	Certificate of package/container according to PNRA Transport Regulations (PAK/916)	
ix.	Identification mark of the package/container	
x.	Dose rate at the surface of package/container	
xi.	Transport Index	
xii.	Category of the package/container	
xiii.	Type of the package/container	
xiv.	Design validity certificate of the package/container	
xv.	United Nations Number with proper Shipping Name	
xvi.	Wipe Test (Bq/cm <sup>2</sup> ) of Package a. Dry b. Wet	

### 4. Administrative Information:

i.	Purpose of Export	
----	-------------------	--

ii.	Expected date of Export	
iii.	Name and address of Consignee	
iv.	Country of destination	
v.	Name and address of carrier/agent	
vi.	Mode of shipment (Air/Sea/Land)	
vii.	Arrangements for safe and secure transportation of radioactive source(s)/material/device from the establishment to the port of exit	

5. Any other Information:

.....

.....

6. Authorization Fee Information:

- a) Authorization 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/bankChalanActivityType.asp>

OR

- b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. Please provide the following details:

Pay Order/Bank Draft No.: .....

Amount: .....

Date: .....

Name of the Bank: .....

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

Signature of the Licensee: .....

Dated: .....

Stamp of Office: .....

Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Manufacturer's source certificate<br>(for only sealed radioactive source(s))                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Special form certificate of radioactive source   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Shipper's declaration of dangerous goods  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Package design certificate   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v. Authorization/NOC issued by destination country<br>(up to category-3 sealed radioactive source) | 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"/> |

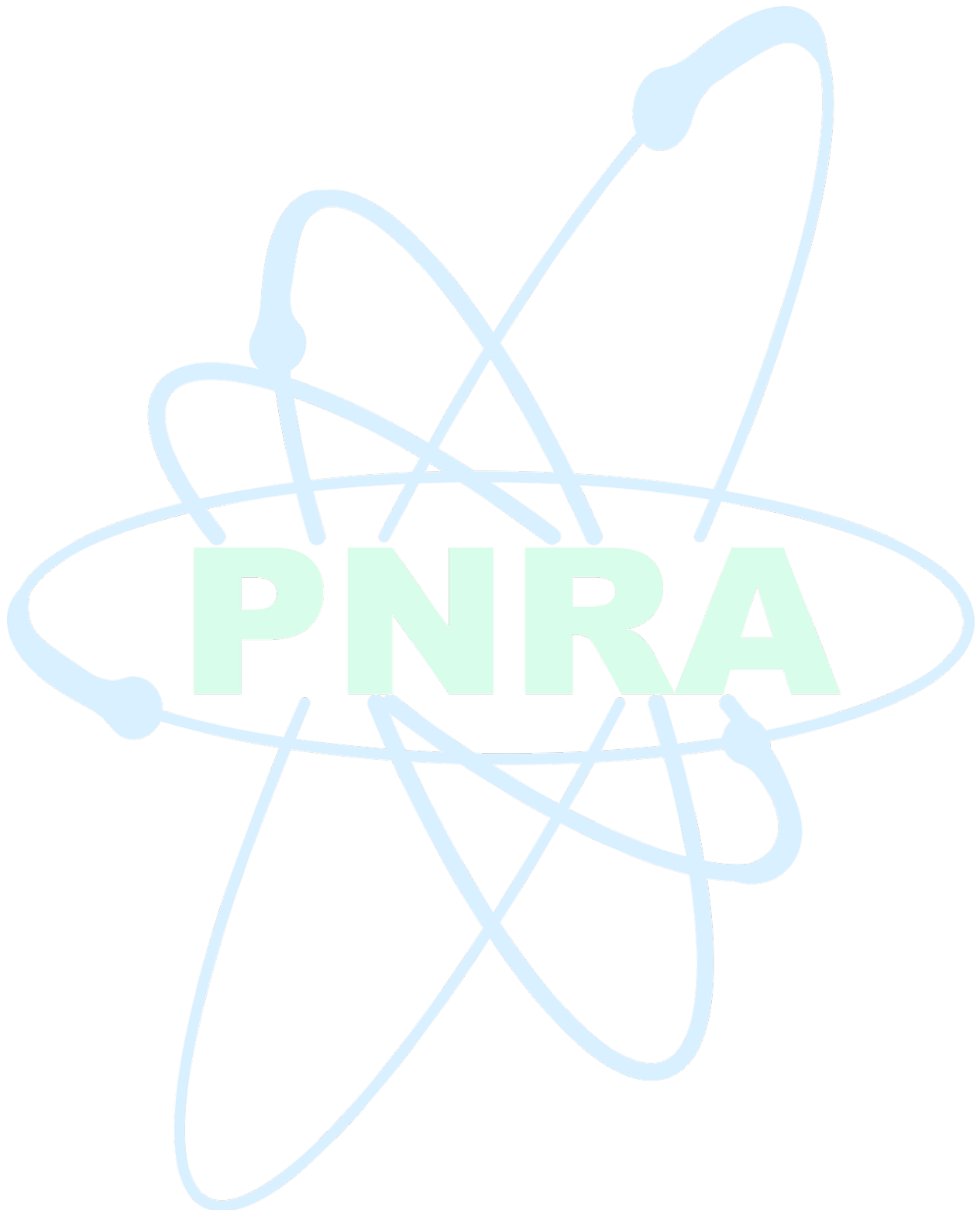
**\* NOC is granted to valid license holder of PNRA**

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: [rsnd1@pnra.org](mailto:rsnd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali

Phone No.: 0459-924294      Fax No.: 0459-924308      Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)





# 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.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

2. License information:

a. Date of Registration with PNRA																			
b. License No.											c. Validity of License								

3. Information about DSRS to be reused:

Radioisotope	Source ID. No.	Reference with date	Activity	Category of SRS	Physical Form	Designed for (Purpose)

4. Administrative/Technical information:

i.	Purpose of reuse of DSRS	
ii.	Detailed justification for reuse of DSRS: ..... ..... .....	
iii.	Name of the facility from which DSRS is to be obtained	
iv.	Mode of transfer/shipment (Air/Sea/Land)	
v.	Arrangement for safe and secure transportation of DSRS from the existing facility to the new facility	
vi.	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)	

5. Any other information:

.....  
.....

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

Signature of the applicant/licensee: \_\_\_\_\_

Dated: \_\_\_\_\_

Stamp of Office Seal of Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Copy of manufacture's source certificate of DSRS<br>(if DSRS is not taken from disposal facility)       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Overall plan/strategy for the reuse of DSRS<br>including the following information but not limited to: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| a. Design and Tech/Specs of the DSRS   |     |                          |    |                          |
| b. Design and Tech/Specs of the Proposed Practice  |     |                          |    |                          |
| c. Handling equipment and resources  |     |                          |    |                          |
| d. Personnel protective equipment (s)  |     |                          |    |                          |
| e. Technical manpower capabilities   |     |                          |    |                          |
| f. Arrangements for safe storage of radioactive source(s)  |     |                          |    |                          |
| g. Security measures during transport, storage and re-usage  |     |                          |    |                          |
| h. Shielding calculations (if applicable)  |     |                          |    |                          |

**\* 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSFER/SALE OF RADIOACTIVE SOURCE/RADIATION GENERATOR**

1. Particulars of the Transferor:

Name											CNIC No.										
Passport No. (In case of foreigner licensee)																					
Designation																					
Facility Name												License No.									
Address:												Contact No.									
												Fax No.									
												E-mail									
a. License No.												b. Validity of License:									

2. Particulars of the Transferee\*:

Name											CNIC No.										
Designation																					
Facility Name												License No.									
Address:												Contact No.									
												Fax No.									
												E-mail									
Date of Licensing with PNRA																					
License No.												Date of Issuance									
Validity of License																					

3. Specifications of Radioactive Source/Radiation Generator:

a. Radioactive Source(s)

Sr. No.	Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Reference Activity with Date	Category of SRS	Country of Origin

b. Radiation Generator

Sr. No.	Type of Radiation Generator	Sr./ID. No. of X-ray Tube	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)	New/Refurbished

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

Signature of the Transferor: \_\_\_\_\_

Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of the Transferee: \_\_\_\_\_

Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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.

\*If transferee is not a licensee then he shall obtain license prior to acquiring radioactive source/radiation generator from transferor.

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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSFER OF RADIOACTIVE MATERIAL TO RADIOACTIVE WASTE MANAGEMENT FACILITY**

1. Particulars of the Licensee:

Name		CNIC No.															
Passport No. (In case of foreigner licensee)																	
Designation																	
Address:												Contact No.					
												Fax No.					
												E-mail					

2. License Information:

a. Date of Registration with PNRA			
b. License No.		c. Validity of License	

3. Specifications of Radioactive Material:

a. Sealed Radioactive Source (SRS)

Sr. No.	Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Category of SRS	Country of Origin

b. Unsealed Radioactive Source (USRS)

Sr. No.	Radionuclide(s)	Chemical Form	Physical Form	Total Activity	Total Volume

4. Check the applied Radioactive Waste Management Facility:

a) PINSTECH, Islamabad

☐

b) KANUPP, Karachi

☐

5. Arrangements for Safety and Security during Transport of Radioactive Source:

.....  
.....

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

Signature of the Licensee: \_\_\_\_\_

Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Manufacturer source certificate of DSRS                                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Package design certificate for sealed radioactive sources<br>(if applicable) | 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294      Fax No.: 0459-924308      Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



PNRA



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN AUTHORIZATION FOR DECOMMISSIONING OF RADIATION FACILITY**

1. Particulars of the Licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

2. License Information:

a. License No.		b. Validity of License	
----------------	--	------------------------	--

3. Details of Radioactive Material/Radiation Generator:

.....

.....

.....

4. Reason and Justification for Decommissioning:

.....

.....

.....

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

Signature of the Licensee: \_\_\_\_\_

Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

\_\_\_\_\_

Please check the following documents are attached/submitted:

- |                                 |     |                          |    |                          |
|---------------------------------|-----|--------------------------|----|--------------------------|
| i. Final Decommissioning Plan   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Any other relevant document | 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN AUTHORIZATION FOR CLEARANCE OF RADIOACTIVE MATERIAL**

### 1. Particulars of the Licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

### 2. License Information:

a. License No.		b. Validity of License	
----------------	--	------------------------	--

### 3. Specifications of Radioactive Material:

Sr. No.	Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Initial Activity with Date	Present Activity with Date	Country of Origin	Category of Source

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

Signature of the Licensee: \_\_\_\_\_

Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

Please check the following documents are attached/submitted:

- |                                    |     |                          |    |                          |
|------------------------------------|-----|--------------------------|----|--------------------------|
| i. Manufacturer source certificate | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Technical supporting documents | 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: [rnisd1@pnra.org](mailto:rnisd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnisd2@pnra.org](mailto:rnisd2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
Phone No.: 021-99266282 Fax No.: 021-99266280 Email: [rnisd3@pnra.org](mailto:rnisd3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN AUTHORIZATION FOR HEALTH SCREENING/BIO MEDICAL RESEARCH**

1. Particulars of the Licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

2. License Information:

a. Date of registration with PNRA																			
b. License No.											c. Validity of License								

3. Reason and Justification for the Health Screening/Biomedical Research:

.....  
.....  
.....

4. Purpose of Health Screening/Biomedical Research:

.....  
.....  
.....

5. Specification of Radioactive Material/Radiation Generator to be used:

.....  
.....  
.....

6. Particulars of Medical/Health Professional to be involved:

.....  
.....  
.....

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

Signature of the Applicant/Licensee: \_\_\_\_\_

Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Authorization from the relevant Govt. Departments               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Training/experience certificate of medical/health professional | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Approval from ethics committee (national or provincial level) | 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: [nsd1@pnra.org](mailto:nsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [nsd2@pnra.org](mailto:nsd2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
Phone No.: 021-99266282 Fax No.: 021-99266280 Email: [nsd3@pnra.org](mailto:nsd3@pnra.org)



PNRA



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN AUTHORIZATION FOR MODIFICATION\* AT RADIATION FACILITY**

1. Particulars of the Licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

2. License Information:

a. Date of Registration with PNRA																			
b. License No.											c. Validity of License								

3. Purpose of Modification/Change:

.....

.....

.....

.....

4. Reason and Justification for the Modification/Change:

.....

.....

.....

.....

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

Signature of the Licensee: \_\_\_\_\_

Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Modification/change in the specifications of radiation sources, shielding design, facility layout, safety or security functions and in the approved licensing documents.

Please check the following documents are attached/submitted:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| i. Updated licensing documents (i.e. Safety Analysis Report (SAR), Radiation protection program (RPP), etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ii. Any other relevant document  | 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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)

**PNRA**



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSFER OF/AMENDMENT/CHANGE IN LICENSE**

### 1. Particulars of the Licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

### 2. License Information:

a. Date of Registration with PNRA		b. License No.	
c. Date of Issuance of Current License		d. Validity of License	
e. Purpose of License			

### 3. Details of Transfer of/Amendment/Change in License:

a. Transfer to Next of Kin <input type="checkbox"/>	b. Change in Location of the Facility <input type="checkbox"/>
c. Transfer/Sell out to any other person on current location <input type="checkbox"/>	d. Change in Scope of License/Authorization <input type="checkbox"/>

#### a. Transfer to Next of Kin

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

#### b. Change in Location of the Facility\*\*

New Address of the Facility (Including Tehsil & District)																			
Reason																			

#### c. Transfer/Sell out to any other person on current location\*

##### Particulars of the individual to whom the license will be transferred

Name		CNIC No.																	
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							
In Case of Change in Name of the Facility																			
Current Name of the Facility																			
New Name of the Facility																			

#### d. Change in Scope of License/Authorization\*\*

Current Scope of License/Authorization	
New Scope of License/Authorization	
Reason for Change	

4. Provide details/documents regarding assessment of impact on safety and security due to the proposed amendment (if applicable):

.....  
 .....  
 .....

5. Transfer/Amendment Fee Information\*:

a) Transfer/Amendment/Change in License/Authorization 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/bankChalanActivityType.asp>

OR

b) Transfer/Amendment/Change in License/Authorization fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. Please provide the following details:

Pay Order/Bank Draft No.: .....

Amount: .....

Date: .....

Name of the Bank: .....

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

Signature of the Licensee: .....

Dated: .....

stamp of Office: .....

Please check following documents are attached/submitted:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| i. CNIC of next of kin in case of transfer to next of kin  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ii. Pay Order/Bank Draft/Copy of Bank Challan  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| iii. Updated licensing documents (i.e. Safety Analysis Report (SAR), Radiation protection program (RPP), etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| iv. Any other relevant document  |                              |                             |

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.

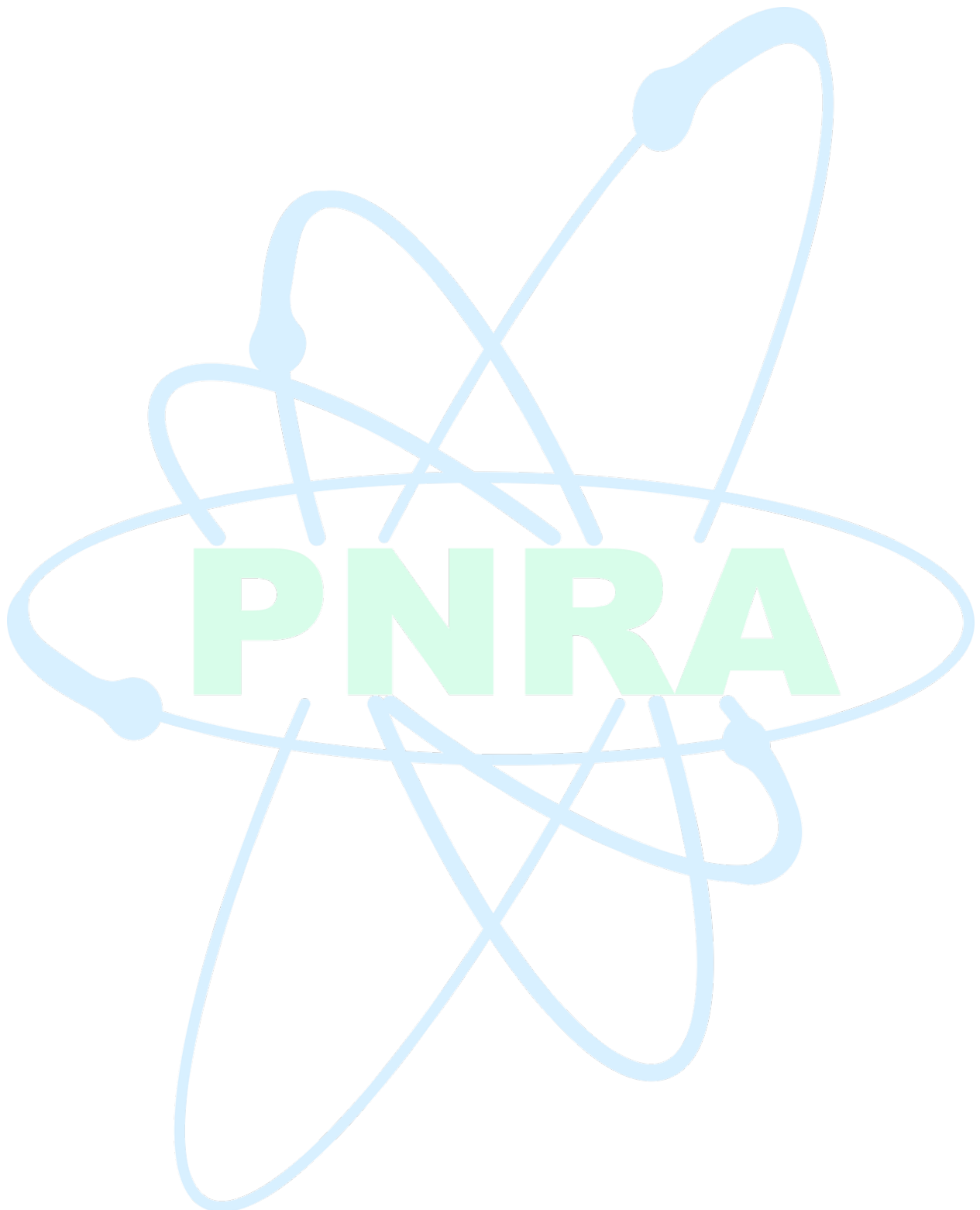
\* In case of 3(b), (c) and (d), fee for transfer/ amendment/ change in license/ authorization will be applicable.

# In case of 3(b) and (d), submission of assessment report regarding impact on safety and security due to the proposed amendment/ change along with relevant documents will be applicable.

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](mailto:rnsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [rnsd2@pnra.org](mailto: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](mailto:rnsd3@pnra.org)





# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN AUTHORIZATION FOR SURRENDER OF LICENSE**

1. Particulars of the Licensee:

Name		CNIC No.															
Passport No. (In case of foreigner licensee)																	
Designation																	
Address:										Contact No.							
										Fax No.							
										E-mail							

2. License Information:

a. Date of Registration with PNRA		b. License No.	
c. Date of Issuance of Current License		d. Validity of License	
e. Purpose of License			

3. Specifications of Radioactive Material/Radiation Generator:

a. Radioactive Material

Radionuclide(s)	Source ID. No.	Model No.	Manufacturer	Activity with Reference Date	Country of Origin	Category of Source

b. Radiation Generator

Type of Radiation Generator	Sr./ID. No. of X-ray Tube	Model No.	Manufacturer	Maximum Voltage (kV)	Maximum Current (mA)

4. Reason and Justification for Surrender of License\*:

.....

.....

.....

.....

5. Arrangements for Transfer of Radioactive Source(s) to Designated Waste Management Facility/ Return to Supplier/Sale of Radioactive Source(s)/Radiation Generator to other Person:



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 .....  
 .....  
 .....

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

Signature of the Licensee: \_\_\_\_\_

Dated: \_\_\_\_\_

Stamp of Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

\*Proper decommissioning of the facility is mandatory before applying for surrender of license.

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: [rnsc1@pnra.org](mailto:rnsc1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
 Phone No.: 0459-924294      Fax No.: 0459-924308      Email: [rnsc2@pnra.org](mailto:rnsc2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
 Phone No.: 021-99266282      Fax No.: 021-99266280      Email: [rnsc3@pnra.org](mailto:rnsc3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSIT/ TRANSPORT OF RADIOACTIVE MATERIAL/CONTAMINATED ITEMS**

### 1. Particulars of the Applicant/Consignor:

<u>Name &amp; Designation</u>	<u>CNIC/Passport No.</u>	<u>Organization</u>	<u>Country</u>

### 2. Technical Information:

i.	Name of radioactive source(s)/material	
ii.	Radioactive source(s) identification no(s). along with copy of manufacturer certificate(s)	
iii.	Sealed or unsealed	
iv.	Physical form of source(s)/material	
v.	Chemical composition	
vi.	Number of radioactive sources along with radioactivity of each source or total quantity of radioactive material at the time of transit/transport	
vii.	Certificate of package/container according to PNRA Transport Regulations (PAK/916)	
viii.	Identification mark of the package/container	
ix.	Type of the package/container	
x.	Category of the package/container	
xi.	Transport index	
xii.	United Nations number with proper shipping name	

### 3. Administrative Information:

i.	Country of origin	
ii.	Expected date of transit/transport	
iii.	Name and address of consignee	
iv.	Name and address of shipper	
v.	Country/address of final destination	
vi.	Mode of shipment (Air/Sea/Land)	
vii.	Security measures during transit/transport	

### 4. Any other Information:

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.....  
.....  
.....

5. Authorization Fee Information:

- a) Authorization 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/bankChalanActivityType.asp>

OR

- b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of **“Director Finance PNRA, Islamabad”**. Please provide the following details:

Pay Order/Bank Draft No.: .....

Amount:.....

Date:.....

Name of the Bank:.....

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

Signature of the Applicant: .....

Dated: .....

Stamp of Office: .....

Please check the following documents are attached/submitted:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| i. Manufacturer's source certificate               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Special form certificate of radioactive source | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Shipper's declaration of dangerous goods      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Package design certificate                     | 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: [rnسد1@pnra.org](mailto:rnسد1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294      Fax No.: 0459-924308      Email: [rnسد2@pnra.org](mailto:rnسد2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
Phone No.: 021-99266282      Fax No.: 021-99266280      Email: [rnسد3@pnra.org](mailto:rnسد3@pnra.org)



# Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## **APPLICATION FORM TO OBTAIN IMPORT PERMIT FOR THE PROCUREMENT OF RADIATION SOURCE**

### 1. Particulars of the Licensee:

Name		CNIC No.																	
Passport No. (In case of foreigner licensee)																			
Designation																			
Address:												Contact No.							
												Fax No.							
												E-mail							

### 2. License Information:

a. Date of Registration with PNRA																			
b. License No.											c. Validity of License								

### 3. Technical Information of Radioactive Source/Radiation Generator:

#### a. Radioactive Source(s)

Sr. No.	Name of radioactive source(s)/material	Sealed or unsealed	Physical form of source(s)/material	Activity to be ordered	Number of radioactive sources or total quantity of radioactive material

#### b. Radiation Generator

Sr. No.	Type of Radiation Generator	Model No.	Manufacturer	Maximum Voltage/ Energy	Maximum Current

### 4. Administrative Information:

i.	Purpose of import	
ii.	Country of origin	

### 5. Any other Information:

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6. Authorization Fee Information:

- a) Authorization 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/bankChalanActivityType.asp>

OR

- b) Authorization fee may be submitted via Pay Order/Bank Draft in favor of “**Director Finance PNRA, Islamabad**”. Please provide the following details:

Pay Order/Bank Draft No.: .....

Amount:.....

Date:.....

Name of the Bank:.....

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

Signature of the Applicant/Licensee: .....

Dated: .....

Stamp of Office: .....

Please check the following documents are attached/submitted:

i. Pay Order/Bank Draft/Copy of Bank Challan

Yes ☐ No ☐

ii. Technical Specification Documents (If any)

Yes ☐ No ☐

\* **Import Permit is granted to registered/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: [nsd1@pnra.org](mailto:nsd1@pnra.org)
- **RNSD-II**, Chashma Site, Kundian, District Mianwali  
Phone No.: 0459-924294 Fax No.: 0459-924308 Email: [nsd2@pnra.org](mailto:nsd2@pnra.org)
- **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi  
Phone No.: 021-99266282 Fax No.: 021-99266280 Email: [nsd3@pnra.org](mailto:nsd3@pnra.org)

**PAKISTAN NUCLEAR REGULATORY AUTHORITY**

**P.O. Box 1912, Islamabad**

*[www.pnra.org](http://www.pnra.org)*