

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

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 <u>https://www.pnra.org/license_forms.html</u>.

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 <u>www.pnra.org</u>; ;
- 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 | 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 | Islamabad Capital Territory Rawalpindi Gujrat Gujranwala Lahore Hazara Peshawar Mardan Malakand Kohat Gilgit Baltistan Diamer Muzaffarabad Poonch 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 | Peshawar Mardan Malakand Kohat Including merged districts (Bajaur, Mohmand, Khyber, Orakzai, and Kurram) [For diagnostic radiology only] | |

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| 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 | Gilgit Baltistan 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 | Muzaffarabad Poonch 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 | Sargodha Faislabad Bannu D.I. Khan Multan D.G. Khan Sahiwal Bahawalpur 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 | Multan D.G. Khan Sahiwal 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 | Karachi Hyderabad Sukkur Larkana Mirpur Khas Shaheed Benazirabad Banbhore Quetta Sibi Zhob Naseerabad Makran Kalat |

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| Regional Nuclear Safety Inspectorate (RNSI), Quetta Mailing Address: Head (RNSI-IIIA), House No.514/A-17, Street No. II, Madrasa Road, Quetta Cantt. Contact No:081-2832360 | Balochistan | Quetta Sibi Zhob Naseerabad Makran 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.

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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.

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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).

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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.

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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;

- "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/xray 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

P. O. Box No. 1912, Islamabad <u>APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND</u> <u>LICENSING FOR DIAGNOSTIC RADIOLOGY</u>

| 1. | Particulars of the applicant: | |
|----|-------------------------------|--|
| | | |

| Name | CNIC No. | |
|--|-------------------------------------|------------------------|
| Designation | | |
| Address: | | Contact No. |
| | | Fax No. |
| | | |
| 2. If applicant is not the owner then particulars of | of the owner: | |
| Name | CNIC No. | |
| Address: | | Contact No.: |
| | X | Fax No.:/ E-mail:// |
| | A | |
| 3. If applicant/owner is foreigner, then particular | s of the foreigner | applicant/owner: |
| Name | Passport No. | |
| Address: | | Contact No.: |
| | | Fax No.: E-mail: |
| | | |
| 4. Have you ever applied for registration and lic | ensing with PNR/ | A in the past: |
| Yes 🗌 No 🗖 | $ \langle \langle \rangle \rangle$ | |
| If Yes: | | |
| a) Location of PNRA office where you applie | d for registration | and licensing: |
| 11 Summer 11 | | |
| Islamabad Kundian | Karachi | Peshawar |
| Multan 🗌 Quetta 🗌 | Gilgit-Bailtista | an 🗌 AJ&K 🗌 |
| b) Date (dd-mm-yy) you applied for registrat | ion and licensing: | |
| c) Final decision of PNRA on your application | on. Please descrit | be briefly: |
| | \bigvee | |
| | \land | |
| | | |
| 5. If already licensed with PNRA, please provide | <u>ə</u> : | |
| a) License No. | | |
| b) Status of license: Valid 🔲 Sus | spended | Cancelled |
| 6. Purpose for which license is required: | | |
| | | |
| | | |
| 7. Details of radiation facility: | | |
| Name of Organization/Hospital/Centre | | |
| Address (including Tehsil, District) | | |

FORM NO. 1-A

| Status of premises | Owned | | On lease/rent | |
|---|-------|--|---------------|--|
| 8. Specifications of Radiation Generator: | | | | |

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

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

| Name | Designation | CNIC No. | Age | Qualification | Experience/Training | | |
|--|-----------------|---------------------|------------|------------------|---------------------|--|--|
| | | | | | | | |
| | | | | | | | |
| | 1 | | | | | | |
| | | | | | | | |
| 10. Details of ava | ailable Persona | al Protective Equip | ment (PF | <u>'E)</u> : / / | | | |
| Lead Apron | Lead | Shield |] | yroid Collar | | | |
| Lead Goggles | Lead | Gloves |]Go | nad Shield | | | |
| Any other: | ····· | | | | | | |
| 11. Details of availab | ble Radiation N | Ionitoring Equipme | nt (if any | | | | |
| | | | Anna and | | | | |
| | | | | | 1 | | |
| 12. Arrangements fo | r personal dos | e monitoring: | | | | | |
| a) Type of Dos | simeter (Film/T | LD etc.): | | | | | |
| b) Dosimetry S | Service Provide | er Name: | | | | | |
| c) Frequency of | of Dosimeter E | xchange for Dose | Assessm | ent: | | | |
| 13. License Fee Info | rmation: | | | | | | |
| 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u> | | | | | | | |
| 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: | 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: | |
| | reigner applicant/owner) Yes on Worker(s) Yes uments Yes ty Yes (s) of Radiation Worker(s) Yes | No No No No No No No No |
| | | Devianal |
| Nuclear Safety Inspectorate (RNSI): | Regional Nuclear Safety Directorate (RNSD) & | Regional |
| RNSD-II, Chashma Site, Kundian, Di Phone No.: 0459-924294 Fax RNSD-III, 42 C, 24th Commercial Stru- Phone No.: 021-99266282 Fa RNSI-Peshawar, House No. 124, Stru- Phone No.: 091-9330317 Fa RNSI-Gilgit-Baltistan, HRDC Comple Phone No.: 58119-30083 Fa RNSI-AJ&K, Room No. 01, 2nd Floot Phone No.: 0582-2943904 Fa RNSI-Multan, House No. 93, Western Phone No.: 061-6350569 Fa RNSI-Quetta, House No.514/A-17, S | No.: 051-9263009 istrict Mianwali No.: 0459-924308 eet, Phase II Ext, DHA Karachi ax No.: 021-99266280 reet No. 9, Phase-2, Sector H3, Hayyatabad, F ax No.: 091-933316 Email: rnsi1a@pnra lex, Near Regional Board Center, Jutial, Gilgit- ax No.: 05811-552844 Fmail: rnsi1b@pnra r, Kutchery Plaza, Muzaffarabad, AJ&K ax No.: 0582-2943904 Email: rnsi1c@pnra | g .org Peshawar a.org Baltistan a.org a.org |
| | | <u> </u> |



1. Particulars of the applicant:

Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND</u> <u>LICENSING FOR RADIOTHERAPY</u>

| Name | CNIC No. | |
|--|---|--------------------------|
| Designation | | |
| Address: | | Contact No |
| | | Fax No. |
| | | |
| 2. If applicant is not the owner then particulars | s of the owner: | |
| Name | CNIC No. | |
| Address: | // | Contact No. |
| | | Fax No. E-mail |
| 2. If applicant/ourpor is foreigner, then particul | are of the foreigner | |
| 3. If applicant/owner is foreigner, then particul | | applicant/owner. |
| Name | Passport No. | Contact No.: |
| Address: | | Contact No.: Fax No.: |
| | | E-mail: |
| 4. Have you ever applied for registration and I | icensing with PNR | A in the past: |
| Yes No | | |
| | | |
| If Yes: | | |
| a) Location of PNRA office where you app | lied for registration | and licensing: |
| Islamabad 🔲 Kundian 🗌 | Karachi | -B. C |
| b) Date (dd-mm-yy) you applied for registi | ration and licensing | 1 |
| c) Final decision of PNRA on your applicat | | |
| | | Se bliefly. |
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| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| · · · · · · · · · · · · · · · · · · · | | |
| 5. If already licensed with PNRA, please provi | de | |
| a) License No.: | <u></u> | |
| | | |
| b) Status of license: Valid S | uspended | 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 | |
|--------------------|-------|--|

On lease/rent

8. Specifications of Radioactive Material/Radiation Generator:

a) <u>Radioactive Material (Teletherapy/Brachytherapy Source)</u>

| Radionuclide(s) | Source ID. No. | | Manufacturer | Activity with Reference date | Category of SRS | Country of Origin | Physical Form |
|-----------------|-------------------|---|--------------|------------------------------------|--------------------|-------------------------|------------------|
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b) <u>Radiation Generator (LINAC, X-ray/CT Simulator etc.)</u>

| Apparatus Type | Sr./ID. No. | Model No. | Manufacturer | Maximum Voltage of Radiation Apparatus | Country of Origin |
|-------------------|-------------|-----------|--------------|---|----------------------|
| | | 1 | | | |
| | | _ // | | // | |
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9. <u>Particulars of Employed Professionals (Radiation Oncologist(s)/Medical</u> <u>Physicist(s)/Radiation Protection Officer(s) /Radiation Technologist(s) etc.</u>):

| | | | | C (5 5 | |
|------|-------------|----------|--------|---------------|---------------------|
| Name | Designation | CNIC No. | Age | Qualification | Experience/Training |
| | | | | | |
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| | | | | | |

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 |
|-----------------------|----------------|--------------|--------------|-----------------------|--|-----------------------------|---------------------|
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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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>h

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 Or | der/Bank Dr | aft No.: | | | |
|--|-------------|----------|----------------|---|------|
| <u>ل</u> ے | | // | and the second | | |
| and the second s | <u> </u> | | _ | | |
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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
- ii. Copy of CNIC of Owner(if applicant is not the owner)
- iii. Copy of passport (in case of foreigner applicant/owner)
- iv. Copy of CNIC(s) of all Radiation Worker(s)
- v. Copy of Ownership/Lease Documents
- vi. Safety Analysis Report (SAR)
- vii. Radiation Protection Program (RPP)
- viii. Radiation Emergency Plan (REP)
- ix. Physical Protection Plan (PPP) (if applicable)
- x. Quality Assurance Program (QAP)

| Yes | No | |
|-----|----|--|
| Yes | No | |

- xi. Initial Decommissioning Plan (If applicable)
- xii. Experience/Training Certificate(s) of Radiation Worker(s)

xiii. Pay Order/Bank Draft/Copy of Bank Challan

| Yes | No | E |
|-----|----|---|
| Yes | No | |
| Yes | No | Г |

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

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294
 Fax No.: 0459-924308
 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



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: | \sim | Contact No. |
| | | Fax No. |
| | | E-mail |
| 2. If applicant is not the owner then particulars of | of the owner: | |
| Name | CNIC No. | |
| Address: | | Contact No. |
| | r | Fax No. |
| | 1 | E-mail |
| 3. If applicant/owner is foreigner, then particular | s of the foreigner | <u>applicant/owner</u> : |
| Name | Passport No. | . // |
| Address: | | Contact No.: |
| | | Fax No.: |
| | | E-mail: |
| 4. <u>Have you ever applied for registration and lice</u> | ensing with PNR | <u>A in the past</u> : |
| Yes No | | |
| If Yes: | | |
| a) Location of PNRA office where you applied | for registration | andlicensing |
| | 7/ | |
| Islamabad | Karachi | |
| b) Date (dd-mm-yy) you applied for registration | on and licensing: | |
| c) Final decision of PNRA on your application | . Please describ | e briefly: |
| | | |
| | | |
| · · · · · · · · · · · · · · · · · · · | <u></u> | |
| | | |
| 5. If already licensed with PNRA, please provide | <u>e:</u> | |
| a) License No.: | | |
| b) Status of license: Valid 🗌 Sus | spended | 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 | On lease/rent | |
|--------------------|-------|---------------|--|

8. <u>Specifications of Radioactive Sources</u>:

a) <u>Sealed Radioactive Sources (SRS)</u>

| Radionuclide(s) | Source ID. No. | | Activity with Reference Date | Category of SRS | Country of Origin | Physical Form |
|-----------------|-------------------|--|--|--------------------|----------------------|------------------|
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b) Unsealed Radioactive Sources (USRS)

| Radionuclide(s) | Pharmaceutical to be labeled | Activity to be purchased | Purpose |
|-----------------|------------------------------|--------------------------|---------|
| | | permonth | |
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| | 1 SK J | | |
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| | | | |

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) |
|----------------|--------------|-----------|--------------|---|-----------------------------------|
| | | | | 5 | |
| | | | | | |
| | // | | 1 22 | | |
| | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
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10. <u>Particulars of Employed Professionals (Nuclear Physician(s)/Medical</u> <u>Physicist(s)/Radiation Protection Officer(s)/Radiation Technologist(s) etc.</u>):

| Name | Designation | CNIC No. | Age | Qualification | Experience/Training |
|------|-------------|----------|-----|---------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

11. Radiation monitoring equipment:

| Type of | Sr./ID. | Model | Manufacturer | Radiation | Energy & | Purpose | Date of |
|------------|---------|-------|--------------|-----------|----------|------------|-------------|
| Instrument | No. | No. | | Detected | Dose | of | Calibration |
| monument | INO. | NO. | | Delected | Range | Monitoring | Calibration |

| 12. Arrangeme | ents for sa | afe and se | cure storage of | radioactive so | urce(s): | | |
|-----------------------|-------------|-------------|---------------------------------------|----------------|-------------|---|-------|
| | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | |
| 13. Details of a | available | Personal F | Protective Equip | ment (PPE): | | | |
| | | | | | | .,,,, | |
| | | | | | | <u>.</u> | |
| 14 Managama | ont of Dia | read Soal | ed Radioactive S | Sourcos (DSP | S)/Padiaact | ivo Wasta: | |
| 14. <u>Ivianageme</u> | | useu Sean | ed Radioactive | | | ive wasie. | |
| | | (``)```` | ~~~~~ | | | | |
| | | 20 | | | | | |
| 15. Arrangeme | ents for pe | ersonal do | <u>se monitoring</u> : | | | | |
| a) Type o | of Dosime | eter (Film/ | FLD etc.): | <u></u> | | | |
| b) Dosim | etry Serv | rice Provid | er Name: | | | | |
| c) Frequ | ency of D | osimeter I | Exchange for Do | ose Assessme | nt: | | |
| 16. License Fe | e Informa | ation: | | | | and the second se | |
| | | | ted via Askari E | | | | |
| | | | pective Region | | or may be | downloaded | from: |
| nups:// | www.pnra | a.org/bank | ChalanActivityT | | | | |
| | | <i>.</i> | | | 5 | | |
| | | | tted via Pay Orc se provide the fo | | | Director Fin | ance |
| Pay | / Order/B | ank Draft I | No.: | | . <u>\</u> | | |
| | 5 | 1 | | · | | | |
| Dat | e: | | | , | | | |
| Nar | me of the | Bank: | ····· | | | | |
| | | | | | | | |
| I, herel | by, affirm | that all | the particulars | given above | are correct | to the best | of my |
| | | | ertake to abide t | | | | |
| | | | f Radiation Fac RA Regulations, | | | | |
| and directive | s issued | by the | Authority from | | | | |
| amendments/ | revisions | issued the | ereto. | | | | |

| Signature of the Owner: | Signature of the Applicant: |
|-------------------------|-----------------------------|
| Dated: | Dated: |

Stamp of Office:_____

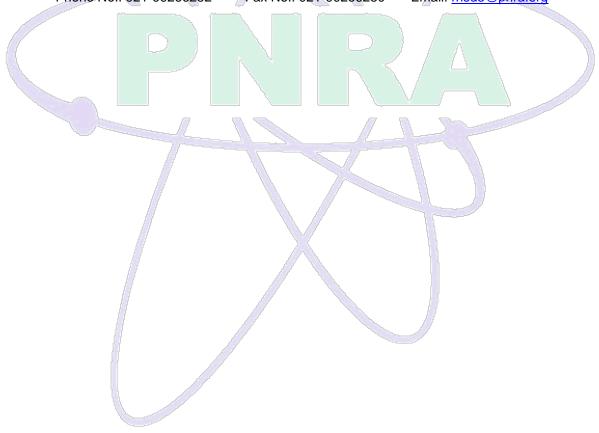
Please check the following documents are attached/submitted:

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

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

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: msd1@pnra.org
 RNSD-II, Chashma Site, Kundian, District Mianwali
- RNSD-II, Chashima She, Kulidian, District Manwaii Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
 RNSD-III 42 C. 24th Commercial Street Phase II Ext. DHA Karachi
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org





Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND</u> <u>LICENSING FOR INDUSTRIAL RADIOGRAPHY</u>

| 1. Particulars of the applicant: | | |
|--|----------------------|------------------------|
| Name | CNIC No. | |
| Designation | | |
| Address: | \sim | Contact No. |
| | | Fax No. |
| | | |
| 2. If applicant is not the owner then particulars of | <u>if the owner:</u> | |
| Name | CNIC No. | |
| Address: | | Contact No. Fax No. |
| | x | E-mail |
| 3. If applicant/owner is foreigner, then particular | s of the foreigner | |
| | | |
| Name Address: | Passport No. | Contact No.: |
| Address. | | Fax No.: |
| | | E-mail: |
| 4. Have you ever applied for registration and lice | ensing with PNR/ | A in the past: |
| Yes No | | |
| | | |
| If Yes: | | |
| a) Location of PNRA office where you applie | d for registration | and licensing: |
| Islamabad 🔲 Kundian | Karachi | 7-0- |
| b) Date (dd-mm-yy) you applied for registrati | ion and licensing | |
| | | |
| c) Final decision of PNRA on your applicatio | n. Please descrit | be briefly: |
| | / | |
| · · · · · · · · · · · · · · · · · · · | ····· | |
| | | |
| | | |
| 5. If already licensed with PNRA, please provide | <u>*</u> | |
| a) License No.: | | 7 |
| b) Status of license: Valid 🗌 Sus | pended | 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 | On lease/rent | | |
|--------------------|-------|---------------|--|--|

8. Specifications of Radioactive Material/Radiation Generator:

a) <u>Radioactive Material/Sources</u>

| Radionuclide(s) | Source ID. No. | Manufacturer | Activity with Reference Date | Category of SRS | Country of Origin | Physical Form |
|-----------------|-------------------|--------------|------------------------------------|--------------------|-------------------------|------------------|
| | | | | | | |
| | | | | | | |
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| | 11 | | 7 | | | |
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b) Gamma Projectors

| Sr./ID. No. | Model No. | Manufacturer | Shielding Material | Country of Origin |
|-------------|-----------|--------------|--------------------|-------------------|
| | | \sim | | |
| | | | | |
| | | | | |

c) Radiation Generators

| ſ | Sr./ID.No. | Model No. | Manufacturer | Maximum Voltage | Maximum Current | Country of Origin |
|---|--|-----------|--------------|-----------------|-----------------|-------------------|
| | | | | (kV) | (mA) | |
| | | | | | | |
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9. <u>Particulars of Employed Professional (Radiation Protection Officer(s)/Radiation Worker(s)</u> etc.):

| | { } | | and the second s | | |
|------|-------------|----------|--|---------------|---------------------|
| Name | Designation | CNIC No. | Age | Qualification | Experience/Training |
| | | | | | |
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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 |
|-----------------------|----------------|--------------|--------------|-----------------------|---------------------------|-----------------------------|------------------------|
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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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

d) License fee may be submitted via Pay Order/Bank Draft in favor of **"Director Finance PNRA, Islamabad".** Please provide the following details:

OR

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
- ii. Copy of CNIC of Owner (if applicant is not the owner)
- iii. Copy of passport (in case of foreigner applicant/owner)
- iv. Copy of CNIC(s) of all Radiation Worker(s)

| Yes | No | |
|-----|----|--|
| Yes | No | |
| Yes | No | |
| Yes | No | |

| | Copy of Ownership/Lease Documents | Yes | | No | |
|------|---|------|----|----|--|
| vi. | Experience/Training Certificate(s) of Radiation Worker(| · · | | No | |
| vii. | Pay Order/Bank Draft/Copy of Bank Challan | Yes | | No | |
| Inc | dustrial Radiography with Radioactive Materials/Sou | rces | | | |
| i. | Safety Analysis Report (SAR) | Yes | | No | |
| ii. | Radiation Protection Program (RPP) | Yes | | No | |
| | | Yes | | No | |
| iv. | Physical Protection Plan (PPP) | Yes | | No | |
| ٧. | Quality Assurance Program (QAP) | Yes | | No | |
| vi. | Initial Decommissioning Plan | Yes | | No | |
| | - | | | | |
| Inc | dustrial Radiography with X-ray Generator | | | | |
| i. | Safety Analysis Report (SAR) | Yes | | No | |
| ii. | Radiation Protection Program (RPP) | Yes | | No | |
| iii. | Radiation Emergency Plan (REP) | Yes | | No | |
| | | | 11 | | |

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

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
 Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND</u> <u>LICENSING FOR USE OF NUCLEAR/X-RAY GAUGE</u>

| 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 | of the owner: | |
| Name | CNIC No. | |
| Address: | - | Contact No. |
| | - | Fax No. E-mail |
| | 6 (h - 6 - m - 1 - m - m | |
| 3. If applicant/owner is foreigner, then particular | | applicant/owner: |
| Name | Passport No. | |
| Address: | | Contact No.: Fax No.: |
| | | E-mail: |
| 4. Have you ever applied for registration and lice | | |
| | Ensing with PINKA | in the past. |
| Yes No | $ln \leq l$ | |
| If Yes: | | |
| a) Location of PNRA office where you applie | d for registration a | and licensing: |
| Islamabad Kundian | Karachi | |
| _// | | |
| b) Date (dd-mm-yy) you applied for registrati | ion and licensing:. | |
| c) Final decision of PNRA on your applicatio | n. Please describ | e briefly: |
| | | |
| | | |
| | <u></u> | |
| | | |
| 5. If already licensed with PNRA, please provide | 2: | // |
| a) License No | | |
| | pended | Cancelled |
| · · · · · · · · · · · · · · · · · · · | | |
| 6. <u>Purpose for which license is required</u> : | | |
| | | |
| | | |
| 7. Details of radiation facility: | | |
| Name of Organization/Firm | | |
| Address (including Tehsil, District) | | |

FORM NO. 5-A

| Status of premises | Owned | On lease/rent | |
|--------------------|-------|---------------|--|

8. Specifications of Nuclear/X-Ray Gauge:

a) <u>Nuclear Gauge</u>

| Type (Fixed/Mobile) | Radionuclide(s) | Source ID. No. | Model No. | Manufacturer | Category of SRS | Country of Origin |
|------------------------|-----------------|-------------------|--------------|--------------|--------------------|----------------------|
| | | | | | | |
| | | | / | | | |
| | | | | | | |
| | | | | | | |

b) X-Ray Gauge

| Туре | Sr./ID. | Model No. | Manufacturer | Maximum // | Maximum | Country of |
|----------------|---------|-----------|--------------|-----------------------|--------------|------------|
| (Fixed/Mobile) | No. | | \sim | Voltage (kV) | Current (mA) | Origin |
| | | | 17 | | | |
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| | | | | $\langle \langle E$ | | |
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9. <u>Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s)</u> etc.):

| Name | Designatio | n CNIC No. | Age | Qualification | Experience/Training |
|------|------------|------------|--|---------------|---------------------|
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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 |
|-----------------------|----------------|--------------|--------------|-----------------------|---------------------------|-----------------------------|------------------------|
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- 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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/Ba | nk Draft | No.: | | | |
|---------------|----------|------|------|---|--|
| Amount: | | | | | |
| Date: | | | | 1 | |
| Name of the E | { | | | | |

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.

| Signatu | re of the Owner: Signature of t | the Applicant: | | | |
|---|--|--------------------------|-----|----------------------------------|--|
| | Dated: | Dated: | | | |
| | S | Stamp of Offic | e: | | |
| Please | e check the following documents are attached/subr | mitted: | | | |
| i. ii. iv. v. vi. vi. Nucleai | Copy of CNIC of Applicant Copy of CNIC of Owner (if applicant is not the own Copy of passport (in case of foreigner applicant/or Copy of CNIC(s) of all Radiation Worker(s) Copy of Ownership/Lease Documents Experience/Training Certificate(s) of Radiation W Pay Order/Bank Draft/Copy of Bank Challan Gauge | owner) Yes Yes Yes | | No No No No No No | |
| i. | Plan, Map, Layout of the Facility | Yes | | No | |
| ii. | Radiation Protection Program (RPP) (up to Cat-II | I) sources Ye | s 🗍 | No | |
| iii. | Radiation Emergency Plan (REP) (up to Cat-III) s | | | No | |
| iv. | Physical Protection Plan (PPP) (up to Cat-III) sou | irces Yes | | No | |
| ۷. | Initial Decommissioning Plan | Yes | | No | |
| X-ray G | auge | | | | |

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
 RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
 RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND</u> <u>LICENSING FOR IRRADIATION</u>

1. Particulars of the applicant:

| Name | CNIC No. | |
|---------|----------|-------------|
| Designa | tion | |
| 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.: |
| | É-mail: |
| | |

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Cancelled

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

| 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
- 6. Purpose for which license is required:

7. Details of radiation facility:

 Name of Organization/Hospital/Centre

 Address (including Tehsil, District)

FORM NO. 6-A

| | | • • • • | | |
|--------------------|-------|---------------|------|--|
| Status of premises | Owned | On lease/rent | | |

8. Specifications of Radioactive Material/Radiation Generator:

a) Radioactive Material/Sources

| Radionuclide(s) | Source ID. No. | | Manufacturer | Activity with Reference Date | Category of SRS | Country of Origin | Physical Form |
|-----------------|-------------------|-------------|--------------|------------------------------------|--------------------|-------------------------|------------------|
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b) Radiation Generators

| | 1 | 1 | | | |
|------------------------------|-------------|--|--------------|---------------------|-------------------|
| Type of Irradiator | Sr./ID. No. | Model No. | Manufacturer | Maximum Voltage of | Country of Origin |
| Irradiator | (| Construction of the second sec | | Radiation Apparatus | |
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| and the second second second | 5 | | | | |
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9. <u>Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s)</u> etc.):

| | | | | ζ | |
|------|-------------|----------|---|---------------|--|
| Name | Designation | CNIC No. | Age 🗸 | Qualification | Experience/Training |
| | | | 7 5 | 5 | and the second sec |
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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 |
|-----------------------|----------------|--------------|--------------|-----------------------|---------------------------|-----------------------------|------------------------|
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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 Or | der/Ban | k Draft | No.: | ·· | · | / | |
|--------|---------|----------|------|----|---|---|--|
| Amoun | t | - | | | | | |
| Date: | 1 | <u> </u> | 0 | | | | |
| | | | | | | | |

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.

| Signatu | re of the Owner; Signature of the Appl | icant: _ | } | | |
|---------|--|----------|---|----|--|
| | Dated: D | ated: | | | |
| | Stamp of the stamp | Office:_ | | | |
| | |]] : | | | |
| Please | e check the following documents are attached/submitted: | | | | |
| i. | Copy of CNIC of Applicant | Yes | | No | |
| ii. | Copy of CNIC of Owner (if applicant is not the owner) | Yes | | No | |
| iii. | Copy of passport (in case of foreigner applicant/owner) | Yes | | No | |
| iv. | Copy of CNIC(s) of all Radiation Worker(s) | Yes | | No | |
| ٧. | Copy of Ownership/Lease Documents | Yes | | No | |
| vi. | Experience/Training Certificate(s) of Radiation Worker(s) | Yes | | No | |
| vii. | Pay Order/Bank Draft/Copy of Bank Challan | Yes | | No | |

Blood Irradiator

- i. Plan, Map, Layout of the Facility
- ii. Shielding Design (if applicable)
- iii. Radiation Protection Program (RPP)



No

No

No

Yes

Yes

Yes

| iv. v. vi. | Radiation Emergency Plan (REP) Physical Protection Plan (PPP) (if applicable) Initial Decommissioning Plan (if applicable) | Yes □ Yes □ Yes □ | No No No | |
|------------------|--|-------------------------|----------------|--|
| | Itural Irradiators/Industrial Irradiators | | | |
| i. | Safety Analysis Report (SAR) | Yes 🗌 | No | |
| ii. | Radiation Protection Program (RPP) | Yes 🗌 | No | |
| iii. | Radiation Emergency Plan (REP) | Yes 🗌 | No | |
| iv. | Physical Protection Plan (PPP) (if applicable) | Yes | No | |
| ٧. | Quality Assurance Program (QAP) | Yes | No | |
| vi. | Initial Decommissioning Plan (if applicable) | 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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>msd3@pnra.org</u>



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

| 1. Particulars of the applicant: | | |
|--|------------------------------|----------------------------|
| Name | CNIC No. | |
| Designation | 12 | |
| Address: | | Contact No. |
| | | Fax No. |
| | | E-mail |
| 2. If applicant is not the owner then pa | rticulars of the owner: | |
| Name | CNIC No. | |
| Address: | | Contact No. |
| | | Fax No. E-mail |
| | | |
| 3. If applicant/owner is foreigner, then | | <u>r applicant/owner</u> : |
| Name | Passport No. | |
| Address: | | Contact No.: Fax No.: |
| | | E-mail: |
| 4. Have you ever applied for registration | on and licensing with PNR | |
| | | |
| Yes No | | |
| If Yes: | | |
| a) Location of PNRA office where y | you applied for registration | and licensing: |
| Islamabad 🔲 Kundian | Karachi | |
| b) Date (mm-dd-yy) you applied for | | |
| | | |
| c) Final decision of PNRA on your | application. Please descri | De briefly: |
| | ······ | |
| | | |
| | | |
| 5. If share the line of with DNDA share | | |
| 5. If already licensed with PNRA, pleased with PNRA | <u>se provide</u> : | |
| a) License No.: | | r |
| b) Status of license: Valid | Suspended | Cancelled |
| 6. Purpose for which license is require | : <u>d</u> : | |
| | | |
| | | |
| | | |
| 7. Details of radiation facility: | | |
| Name of Organization/Industry | | |

FORM NO. 7-A

| Address (including Tehsi | I, District) | | | |
|--------------------------|--------------|---------------|--|--|
| | | | | |
| | | | | |
| Status of premises | Owned | On lease/rent | | |

8. Specifications of Radioactive Material/Source:

| Radionuclide(s) | Source | Model | Manufacturer | Activity with | Category of SRS | Country | Physical |
|-----------------|---|--------------|--------------|---------------|--------------------|---------|----------|
| | ID. No. | No. | | Reference | of SRS | of | Form |
| | | | | Date | | Origin | |
| | | | | 12 | | | |
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9. <u>Particulars of Employed Professional (Radiation Protection Officer(s)/Radiation Worker(s)</u> <u>etc.</u>):

| | (| × * / | | 1 1 | |
|---|-------------|----------|--|---------------|--|
| Name | Designation | CNIC No. | Age | Qualification | Experience/Training |
| | | | | | |
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| and the second se | 21 | | | | |
| | | | and the second sec | | and the second sec |

- 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 Instr | e of rument | Sr./ID. No. | Model No. | Manufacturer | Radiation Detected | Energy & Dose | Purpose of | Date of Calibration |
|---------------|----------------|----------------|--------------|--------------|-----------------------|------------------|---------------|------------------------|
| | | | | | | Range | Monitoring | |
| | | | | | | | | |

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/Ban | k Draft No.: | | | // |
|---------------|--------------|-----|-----|----|
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| | ank: | 8 8 | 1 | |
| 1 | | V | 11 | |

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.

| · / | | | | and a second | 5 |
|--|---|---------|---------------------------|--|----|
| Signatu | re of the Owner: Signature of the Appli | cant: | \ | | 13 |
| | Dated: D | ated: | 1 | | |
| | | | 1 | | 1 |
| | Stamp of C | Office: | | | / |
| and the second s | | | - A Carlow and the second | and the second s | |
| | | 72 | | | - |
| | 7 | ~// | | | - |
| | | | | | |
| Please | e check the following documents are attached/submitted: | | | | |
| i. | Copy of CNIC of Applicant | Yes [| <u> </u> | lo [| |
| ii. | Copy of CNIC of Owner (if applicant is not the owner) | Yes | N | lo [| |
| iii. | Copy of passport (in case of foreigner applicant/owner) | Yes [| N | lo [| |
| iv. | Copy of CNIC(s) of all Radiation Worker(s) | Yes [| N | lo [| |
| ٧. | Copy of Ownership/Lease Documents | Yes [| N | lo [| |
| vi. | Plan, Map, Layout of the Facility | Yes [| N | lo [| |
| vii. | Radiation Protection Program (RPP) | Yes [| N | lo [| |
| viii. | Radiation Emergency Plan (REP) | Yes [| N | lo [| |
| ix. | Physical Protection Plan (PPP) (up to Cat-III) sources | Yes [| _ N | lo [| |
| Х. | Initial Decommissioning Plan | Yes [| | lo [| |

- Initial Decommissioning Plan х.
- Experience/Training Certificate(s) of Radiation Worker(s) Yes xi. Yes
- Pay Order/Bank Draft/Copy of Bank Challan xii.

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.

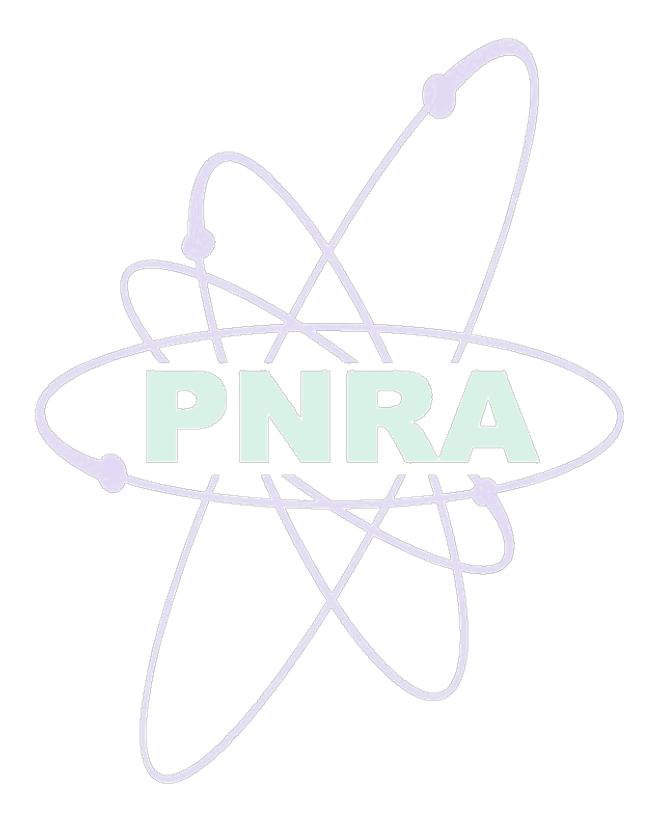
For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Email: rnsd1@pnra.org Phone No.: 051-9263019 Fax No.: 051-9263009

No

No

- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>





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 particular | ulars of the owner: | |
| Name | CNIC No. | |
| Address: | | Contact No. |
| | | Fax No. |
| | | E-mail |
| 3. If applicant/owner is foreigner, then par | ticulars of the foreigner | <u>applicant/owner</u> : |
| Name | Passport No. | |
| Address: | 1 Long | Contact No.: |
| | | /Fax No:: E-mail: |
| 4. Have you ever applied for registration a | and liconsing with PNP | |
| | | A 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 re- | gistration and licensing | ·\ |
| c) Final decision of PNRA on your app | lication, Please describ | be briefly: |
| | | |
| | | |
| | | |
| 5. If already licensed with PNRA, please p | provide: | |
| a) License No.: | | |
| b) Status of license: Valid | Suspended | Cancelled |
| 6. <u>Purpose for which license is required</u> : | | |
| | | |
| | | |
| 7. Details of radiation facility: | | |
| | | |
| Name of Organization/Industry | | |
| Address (including Tehsil, District) | | |

| Status of premises | Owned | On lease/rent | | |
|--------------------|-------|---------------|--|--|

8. Specifications of Radioactive Material/Radiation Generator:

a) Radioactive Material

| Radionuclide(s) | Source ID. No. | | Activity with Reference Date | Category of SRS | Country of Origin | Physical Form |
|-----------------|-------------------|---|------------------------------------|--------------------|----------------------|------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | ~ | | 4 8 | | |
| | // | | // | // | | |
| | | | | | | |

b) Radiation Generator

| Apparatus Type | Sr./ID.No. | Model No. | Manufacturer | Maximum Voltage (kV) | Maximum Current (mA) | Country of Origin |
|-------------------|------------|--|--------------|-------------------------|--|----------------------|
| | | Sec. | | | | |
| | | and a second sec | | | | |
| 1 | 1 1 | | SX _/ | | Ref. Contraction of the second s | |
| | | | | 17 | | |

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

| Name | Designation | CNIC No. | Age | Qualification | Experience/Training |
|------|-------------|----------|--------|----------------------|--|
| | | | | $/ \Delta \setminus$ | |
| | | | | | |
| | | | // 5 | | and the second sec |
| | | 16-16 | | | |
| | | | \sim | | |

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 |
|-----------------------|----------------|--------------|--------------|-----------------------|---------------------------|-----------------------------|---------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | 5 | 5 | | |
| | | | | | | | |

- 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/Bar | nk Draft No | <u> </u> | | | |
|---------------|-------------|----------|---|---|------|
| - \ \ | | | ` | | |
| Date: | | 0 | | / | |
| Name of the B | ank: | | | | |

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.

| c :, | Signature of the Owner | | | | |
|-------------|---|------------------|--------------|-----|-----------|
| Эl | gnature of the Owner: Signature of t | the Applicant: _ | | | |
| | Dated: | Dated: | | | |
| | | | | | |
| | St. | amp of Office:_ | | | |
| | | amp of Office | | | |
| | | | | | |
| | |] - | | | |
| | | | | | |
| Ρ | Please check the following documents are attached/subr | nitted: // | | | |
| i. | Copy of CNIC of Applicant | Yes | | No | |
| ii. | Copy of CNIC of Owner (if applicant is not the owner) | | H | No | H |
| iii. | Copy of passport (in case of foreigner applicant/owner) | | H | No | H |
| iv. | Copy of CNIC(s) of all Radiation Worker(s) | Yes | H | No | H |
| v. v. | Copy of Ownership/Lease Documents | Yes | H | No | H |
| v. vi. | Experience/Training Certificate(s) of Radiation Worke | | H | No | H |
| vi. ⁄ii. | Pay Order/Bank Draft/Copy of Bank Challan | Yes | H | No | H |
| | argo or Vehicle Scanners with Radioactive Sources | 163 | | INU | |
| i. | Safety Analysis Report (SAR) | Yes | | No | |
| i. ii. | Radiation Protection Program (RPP) | Yes | \mathbb{H} | No | H |
| | | Yes | H | No | \square |
| iii. | | Yes | \mathbb{H} | | H |
| İ٧. | r_{11} | res | | No | |

v. Quality Assurance Program (QAP)

iii. iν ν vi vii

i.

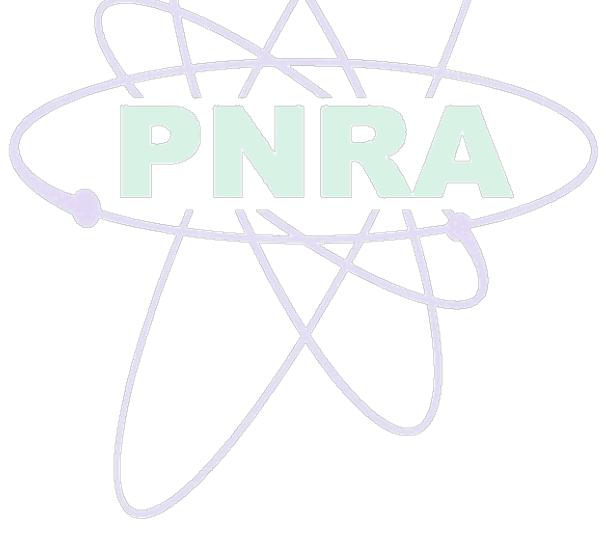
Yes

No

| vi. Initial Decommissioning Plan Cargo or Vehicle Scanners with X-ray | Yes | No | |
|---|--------------------------|----------------------|--|
| i. Plan, Map, Layout of the Facility ii. Shielding Design iii. Radiation Protection Program (RPP) (if applicable) iv. Radiation Emergency Plan (REP) (if applicable) | Yes Yes Yes Yes | No No No No | |
| Baggage Scanners/X-ray Scanner (Industrial) 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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org





Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM FOR REGISTRATION OF THE PREMISES AND</u> <u>LICENSING FOR USE OF RADIOACTIVE MATERIAL/RADIATION</u> <u>EQUIPMENT IN TEACHING AND RESEARCH</u>

| 1. | Particulars of the applicant: | | |
|----|---|--------------------|-------------------|
| Γ | Name | CNIC No. | |
| | Designation | | |
| | Address: | | Contact No. |
| | | | Fax No. |
| | | | E-mail |
| 2. | If applicant is not the owner then particulars of | | |
| _ | Name | CNIC No. | |
| | Address: | | Contact No. |
| | | | Fax No. E-mail |
| | If applicant/ourser is foreigner, then portioular | of the fereigner | |
| | If applicant/owner is foreigner, then particulars | | |
| | Name Address: | Passport No. | Contact No.: |
| | Address. | | Fax No.: |
| / | | | E-mail: |
| 4. | Have you ever applied for registration and lice | ensing with PNRA | A in the past: |
| | Yes_ No | | |
| | If Yes: | | |
| | a) Location of PNRA office where you applied | d for registration | and licensing: |
| | Islamabad 🔲 Kundian 🗌 | Karachi | |
| | b) Date (dd-mm-yy) you applied for registration | on and licensing: | |
| | c) Final decision of PNRA on your application | 11 | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| | | | |
| _ | | | // |
| 5. | If already licensed with PNRA, please provide | | |
| | a) License No.: | | |
| | b) Status of license: Valid 🗌 Sus | pended | Cancelled |
| 6. | Purpose for which license is required: | | |
| | | | |
| | | | |
| 7. | Details of Research/Educational Institute: | | |
| Ν | lame of Research/Educational Institute | | |

FORM NO. 9-A

| Address (including Tehsil | , District) | | | |
|---------------------------|-------------|---------------|--|--|
| | | | | |
| | | | | |
| Status of premises | Owned | On lease/rent | | |

8. <u>Specifications of Radioactive Material/Radiation Equipment</u>:

a) <u>Sealed Radioactive Sources (SRS)</u>

| | | | 1 | / | | |
|---------|-------|-----------------------------|---------------|-----------------------|------------------------------|---------------------------------|
| Source | Model | Manufacturer | Activity with | Category | Country | Physical |
| ID. No. | No. | | Reference | of SRS | of | Form |
| | | | Date | | Origin | |
| | | | | | | |
| | | | | { } | | |
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| | | | | // | | |
| | | | | | | |
| | | Source Model ID. No. No. | | ID. No. No. Reference | ID. No. No. Reference of SRS | ID. No. No. Reference of SRS of |

b) Unsealed Radioactive Sources (USRS)

| Radionuclide(s) | Manufacturer | Activity to be | Country of Origin | Purpose |
|-----------------|--------------|-----------------------|-------------------|---------|
| | and a second | purchased per month | | |
| | | | | |
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| | | $\langle D \rangle$ | | |

c) Radiation Equipment (XRD, XRF etc.)

| Apparatus Type | Sr./ID. No. | Model No. | Manufacturer | Maximum Voltage (kV) | Maximum Current (mA) | Country of Origin |
|-------------------|-------------|--------------|--------------|--|---|----------------------|
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| | // | | | | and the second se | |

9. <u>Particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s)</u> 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 |
|-----------------------|----------------|--------------|--------------|-----------------------|---------------------------|-----------------------------|------------------------|
| | | | | | | | |

FORM NO. 9-A

| 11 Arrangem | L ents for sa | l afety and s | ecurity of radio | active source(| s). | | | |
|--|--|--|--|---|---|--|--------------------------------|--|
| 11. Arrangements for safety and security of radioactive source(s): | | | | | | | | |
| | | | | | | | | |
| 12. Details of available Personal Protective Equipment (PPE): | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 13. Managem | ent of Dis | used Seal | ed Radioactive | Sources (DSR | S)/Radioact | ive Waste: | | |
| | | | | | | | | |
| | | | | / | | | | |
| 14 Arrangem | onto for n | | | | | | | |
| | 10mm | and have | <u>se monitoring</u> : TLD etc.): | \ | | | | |
| , . . | 11 | 1 mar | er Name: | | // | | | |
| - | 1. | | Exchange for Do | | { } | | | |
| | | | | 556 A556551116 | | | | |
| a) Licen challa from: b) Licens | 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 b) License fee may be submitted via Pay Order/Bank Draft in favor of "Director Finance PNRA, Islamabad". Please provide the following details: | | | | | | | |
| | | | No.: | | | | | |
| | | 3 3 | | 1 5 million | | | | |
| Da | te: | (| | // | | | | |
| Na | me of the | Bank: | | | | | | |
| l have | | | | | | ta tha haat | -f | |
| knowledge a Regulations PAK/908, all | nd belief a for the Li other appl es issued | and I unde censing o licable PNI I by the | the particulars ertake to abide l f Radiation Fac RA Regulations, Authority from ereto. | by the provision ility (ies) othe regulatory or | ons of PNRA er than Nucl ders, impose | Ordinance - ear Installation d license con | - 2001, on(s) - iditions | |
| | | | ×. | | | | | |
| Signature of the | ne Owner: | | Signa | ature of the Ap | plicant: | | | |

Dated:

Dated:_____

Stamp of Office:_____

Please check the following documents are attached/submitted:

- i. Copy of CNIC of Applicant
- Copy of CNIC of Owner (if applicant is not the owner) ii.
- Copy of passport (in case of foreigner applicant/owner) iii.
- Copy of CNIC(s) of all Radiation Worker(s) iv.
- Copy of Ownership/Lease Documents v.
- Experience/Training Certificate(s) of Radiation Worker(s) Yes vi.
- Pay Order/Bank Draft/Copy of Bank Challan vii.
- 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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Email: rnsd1@pnra.org Phone No.: 051-9263019 Fax No.: 051-9263009
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: r Email: rnsd3@pnra.org

- Yes No Yes No Yes No No No No
- Yes Yes No Yes



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. | 7 |
| Designation | | |
| Address: | | Contact No. |
| | | Fax No. // |
| | | |
| 2. If applicant is not the owner then particulars o | 1 | |
| Name | CNIC No. | |
| Address: | | Contact No. Fax No. |
| | | E-mail |
| 3. If applicant/owner is foreigner, then particulars | s of the foreigner | applicant/owner: |
| Name | Passport No. | |
| Address: | | Contact No.: |
| | | Fax No.: |
| | | E-mail: |
| 4. Have you ever applied for registration and lice | ensing with PNR | A in the past: |
| Yes No | | |
| If Yes: | 1 5 | |
| a) Location of PNRA office where you applie | d for registration | and licensing: |
| Islamabad 🔲 Kundian 🗌 | Karachi | |
| b) Date (dd-mm-yy) you applied for registrati | on and licensing: | |
| c) Final decision of PNRA on your applicatio | n. Please descrik | be briefly: |
| | | |
| | | |
| | | |
| 5. If already licensed with PNRA, please provide | <u>.</u> | |
| a) License No.: | | |
| b) Status of license: Valid 🗌 Sus | pended | Cancelled |
| 6. Purpose for which license is required: | | |
| | | |
| | | |
| 7. Details of Premises: | | |
| Name of Organization/Firm | | |

FORM NO. 10-A

| Address (including Tehs | il, District) | | | |
|-------------------------|---------------|---------------|--|--|
| | | | | |
| | | | | |
| Status of premises | Owned | On lease/rent | | |

8. Specifications of Radioactive Material/Radiation Equipment:

a) <u>Sealed Radioactive Sources (SRS)</u>

| 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) | | | | | | | |

b) Unsealed Radioactive Sources (USRS)

| | | | 1.1 | |
|-----------------|---------------------------|--------------------------|-------------------|---------|
| Radionuclide(s) | Manufacturer | Activity to be purchased | Country of Origin | Purpose |
| | and a second and a second | per month | | |
| | | | | |
| | | | | |
| and the | | | | |
| | | | | |
| | | | | |
| | | | | |

c) <u>Radiation Generator</u>

| Apparatus Type | Sr./ID. No. | Model No. | Manufacturer | Maximum Voltage (kV) | Maximum Current (mA) | Country of Origin |
|-------------------|-------------|--------------|--------------|-------------------------|-------------------------|----------------------|
| | | | | | 1 | |
| | | | XX | | | |
| | // | | | and be and the second | | |
| | | | | | | |

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) <u>etc.)</u>:

| Name | Designation | CNIC No. | Age | Qualification | Experience/Training |
|------|-------------|----------|-----|---------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FORM NO. 10-A

| | | | | _ | | | |
|-----------------------------------|-----------------------------|-------------------|--|-----------------------|-----------------|--|---------------------|
| | | | | | | | |
| 10. Maintenar | ce/Testing | of radiation | generator: | | | | |
| | the mainter at the regis | | ng of radiation a ises: | apparatus/r | adioactive | material wil | l be |
| Yes | □ No | | | | | | |
| lf yes, pro personal n | nonitoring: | | radiation safety | arrangeme | ent at the pr | emises inclu | ding |
| | | | | m | , | | |
| | | | | | | / | |
| | | $\langle \rangle$ | | / | 1 | | |
| 11. Arrangem | ents for safe | and secur | e transportation a | nd storage | of radioacti | ve source(s) | : |
| | | | | | | | |
| | { | | | | | | |
| 12. Arrangem | ents for pers | sonal dose i | monitoring: | | | | |
| a) Type | of Dosimete | er (Film/TLD |) etc.): | | | | |
| b) Dosin | netry Servic | e Provider I | Name: | | | | |
| | | | hange for Dose A | | | | |
| 13. Radiation | C | 13 4 | | | | and a second sec | |
| | | | | | | | |
| Type of | Sr./ID.No. | Model | Manufacturer | Radiation | Energy | Purpose | Date of |
| Type of Instrument | | Model No. | Manufacturer | Radiation Detected | & Dose | of | Date of Calibration |
| | | | Manufacturer | | | • | |
| | | | Manufacturer | | & Dose | of | |
| | | | Manufacturer | | & Dose | of | |
| | | | Manufacturer | | & Dose | of | |
| | | | Manufacturer | | & Dose | of | |
| | | | Manufacturer | | & Dose | of | |
| | Sr./ID.No. | No. | Manufacturer | | & Dose | of | |
| 14. <u>License Fe</u> | Sr./ID.No. | No. | | Detected | & Dose Range | of Monitoring | Calibration |
| 14. <u>License Fo</u> a) Licen | Sr./ID.No. | No. | tted via Askari E | Detected | & Dose Range | of Monitoring | Calibration |
| 14. <u>License Fe</u> a) Licen | Sr./ID.No. | No. | | Bank (All I | & Dose Range | of Monitoring | Calibration |
| 14. <u>License Fe</u> a) Licen | Sr./ID.No. | No. | tted via Askari E n respective Regi | Bank (All I | & Dose Range | of Monitoring | Calibration |

| 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.

| Signatu | re of the Owner: | Signature of the Appl | icant: | | |
|----------|---|-----------------------|------------------|--|---|
| | Dated: | D | ated: | | |
| | | Seal of (| Office: | | |
| | | | $\left(\right)$ | | |
| Please | check the following documents are a | ttached/submitted: | | | |
| i. | | indened/Submitted. | Yes | No | |
| ii. | Copy of CNIC of Applicant Copy of CNIC of Owner (if applican | t is not the owner) | Yes | No | H |
| iii. | Copy of passport (in case of foreign | | Yes | No | H |
| iv. | Copy of CNIC(s) of all Radiation Wo | | Yes 🗍 | No | П |
| v. | Copy of Ownership/Lease Documer | nts | Yes 🗍 | No | |
| vi. | Experience/Training Certificate(s) o | f Radiation Worker(s) | Yes 🗌 | No | |
| vii. | Pay Order/Bank Draft/Copy of Bank | c Challan | Yes | No | |
| Dealin | g in Radioactive Materials/Source | s | | and a second sec | |
| (i. | Plan, Map, Layout of the Facility | | Yes 🗋 | No | |
| ({ii. | Shielding Design | | Yes 🗌 | No | |
| iii. | Radiation Protection Program (RPP | ") (/ | Yes | No | |
| iv. | Radiation Emergency Plan (REP) | | Yes | No | |
| _ V | Physical Protection Plan (PPP) | | Yes | No | |
| _ | g in Radiation Generators | | | | |
| i. .: | Plan, Map, Layout of the Facility | | Yes | No | 님 |
| ii. | Shielding Design (if applicable) | X | 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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No:: 051-9263019 Fax No.: 051-9263009 Email: <u>rnsd1@pnra.org</u>
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



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 |
| | | | |
| — | If applicant is not the owner then particulars o | | |
| | Name | CNIC No. | |
| 1 | Address: | | Contact/No. Fax No. |
| | | | E-mail |
| 3 | If applicant/owner is foreigner, then particular | s of the foreigner | |
| _ | | | |
| _ | Address: | Passport No. | Contact No.: |
| | | | Fax No.: |
| | | | E-mail: |
| 4, | Have you ever applied for registration and lice | ensing with PNRA | A in the past: |
| | Yes No | | |
| | | $ \land \rangle /$ | |
| | If Yes: | | |
| | a) Location of PNRA office where you applie | d for registration | and licensing: |
| | Islamabad 🔲 Kundian | Karachi | |
| | b) Date (dd-mm-yy) you applied for registrati | on and licensing: | |
| | c) Final decision of PNRA on your applicatio | 11 | |
| | | II. I lease describ | is billing. |
| | | / | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| 5 | If already licensed with PNRA, please provide | . · | |
| 0. | a) License No.: | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | b) Status of license: Valid Sus | pended | Cancelled |
| 6. | Purpose for which license is required: | | |
| | | | |
| | | | |
| _ | | | |
| 7. | Details of radiation facility: | | |
| Ν | lame of Organization/Hospital/Centre | | |
| A | Address (including Tehsil, District) | | |

| Status of premises | Owned | On lease/rent | |
|--------------------|-------|---------------|--|

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 |
|-----------------|-------------------|--------------|--------------|------------------------------------|--------------------|-------------------------|------------------|
| | | | | <u> </u> | | | |
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| | | | | | | | |

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

| Radionuclide(s) | Pharmace labeled | utical to be | Activity to be purchased per month | Purpose |
|-----------------|---------------------|--------------|------------------------------------|---------|
| | | | | |
| | | -7/5- | | |
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| | | | | |
| | | | | |

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

| Apparatus Type | Sr./ID. | Model | Manufacturer | Maximum | New/ | Country of Origin |
|-------------------|---------|-------|--------------|----------------|-------------|-------------------|
| Туре | No. | /No. | | Voltage/Energy | Refurbished | |
| | | | | | | |
| | / | | | | | |
| | | | \sim | | | |
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| | | | | | | |
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| | | / | | | | |

d) Radiation Generator in Diagnostic Radiology (Conventional, Mammography etc.)

| Apparatus type | Sr./ID. No. of X-ray | Model No. | Manufacturer | Maximum Voltage | Maximum Current | New/ Refurbished |
|---------------------------------------|-------------------------|-----------|--------------|--------------------|--------------------|---------------------|
| , , , , , , , , , , , , , , , , , , , | Tube. | | | (kV) | (mA) | |
| | | | | | | |
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| | | | | | | |

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

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

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

| Name | Designation | CNIC No. | Age | Qualification | Experience/Training |
|------|-------------|----------|-----|--------------------|---------------------|
| | | | | | |
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11. Radiation monitoring equipment:

| Type of | Sr./ID. | Model | Manufacturer | Radiation | Energy & | Purpose | Date of |
|------------|---------|-------|--------------|-----------|----------|------------|-------------|
| Instrument | No. | No. | | Detected | Dose | of | Calibration |
| | | 11 | | | Range | Monitoring | |
| | 1 | | | 1 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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: | |
| | |

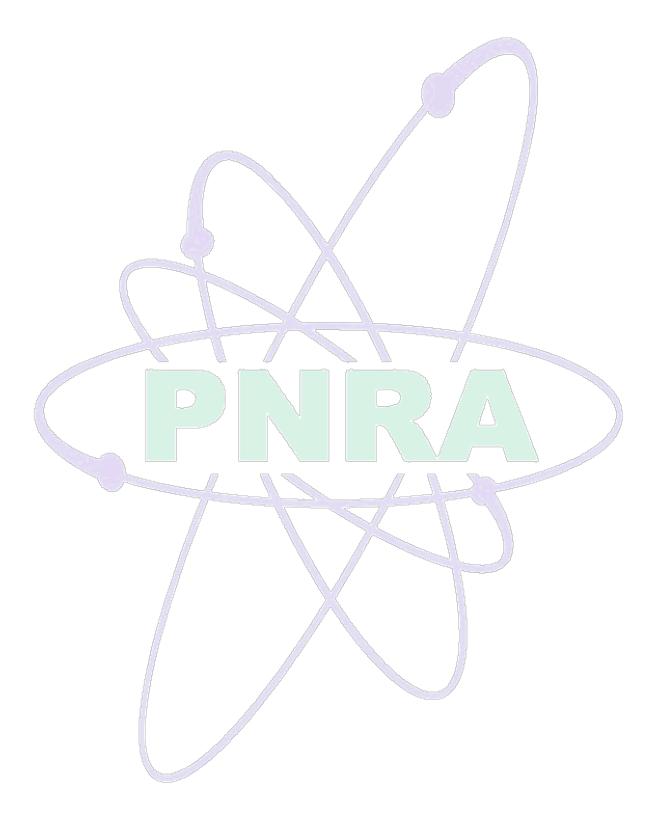
I, hereby, affirm that all the particulars given above are correct to the best of my knowledge and belief and I undertake to abide by the provisions of PNRA Ordinance - 2001, Regulations for the Licensing of Radiation Facility (ies) other than Nuclear Installation(s) - PAK/908, all other applicable PNRA Regulations, regulatory orders, imposed license conditions and directives issued by the Authority from time to time including any guidelines or amendments/revisions issued thereto.

| Sign | ature of the Owner: Signat | ure of the Applicant: | | |
|-------|---|-----------------------|--|--------|
| | Dated: | Dated: | | |
| | | | | |
| | | Stamp of Office: | <u> </u> | _ |
| | | | and the second designed and th | |
| | | | and the second s | - |
| | | | | |
| D | | | | 1 |
| Plea | se check the following documents are attached | | | |
| i. | Copy of CNIC of Applicant | Yes | No | |
| ii. | Copy of CNIC of Owner (if applicant is not the | owner) Yes | No | |
| iii. | Copy of passport (in case of foreigner applica | nt/owner) Yes | No | |
| iv. | Copy of CNIC(s) of all Radiation Worker(s) | Yes | No | |
| ٧. | Copy of Ownership/Lease Documents | Yes | No | |
| vi. | Safety Analysis Report (SAR) | Yes | No | |
| vii. | Radiation Protection Program (RPP) | Yes | No | |
| viii. | Radioactive Waste Management Program (R | VMP) Yes | No | |
| ix. | Radiation Emergency Plan (REP) | Yes | No | |
| х. | Physical Protection Plan (PPP) | Yes 🗌 | No | |
| xi. | Quality Assurance Program (QAP) | Yes 🗌 | No | |
| xii. | Initial Decommissioning Plan | Yes 🗌 | No | |
| xiii. | Experience/Training Certificate(s) of Radiation | n Worker(s) Yes 🔲 | No | \Box |
| xiv. | Pay Order/Bank Draft/Copy of Bank Challan | Yes 🔲 | No | |

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

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: <u>rnsd1@pnra.org</u>
 RNSD-II. Chashma Site, Kundian, District Mianwali
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>

 RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>





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 | of the owner: | |
| Name | CNIC No. | |
| Address: | | Contact No. |
| | | Fax No. E-mail |
| 3. If applicant/owner is foreigner, then particular | rs of the foreigner | 11 |
| Name | Passport No. | |
| Address: | Fassport No. | Contact No.: |
| | | Fax No.: |
| | | E-mail: |
| 4. Have you ever applied for registration and lic | ensing with PNR | <u>A in the past</u> : |
| Yes I No I | | |
| If Yes: | | |
| a) Location of PNRA office where you applie | ed for registration | and licensing: |
| Islamabad 🔲 Kundian 🗌 | Karachi | |
| b) Date (dd-mm-yy) you applied for registrat | ion and licensing: | |
| c) Final decision of PNRA on your application | on. Please describ | be briefly: |
| | | |
| | | |
| · · · · · · · · · · · · · · · · · · · | | |
| 5. If already licensed with PNRA, please provide | <u>e</u> : | |
| a) License No.: | | |
| b) Status of license: Valid 🗌 Sus | spended | Cancelled |
| 6. Purpose for which license is required: | | |
| | | |
| | | |
| 7. Details of radiation facility: | | |
| Name of Organization/Firm | | |

FORM NO. 12-A

| Address (including Tehsil | , District) | | |
|---------------------------|-------------|---------------|--|
| | | | |
| | | | |
| Status of premises | Owned | On lease/rent | |

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 |
|--|-----------------|------------------|------------------|---|------------------|
| | | | | | |
| / | | | | | |
| | | | | | |
| | | \mathbf{X} | | | |
| | | | | | |

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 |
|------|-------------|----------|-----|---------------|---------------------|
| | | | | | |
| | r T | | | | |
| / | | | | | |
| | | | | | |
| | | | | | |

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

11. <u>Arrangements for safe and secure storage of radioactive source(s)</u>:

.....

- 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 |
|-----------------------|----------------|--------------|--------------|-----------------------|---------------------------|-----------------------------|---------------------|
| | | | | (| Jitango | Wormoring | |
| | | | | 1 | | | |
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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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

OR

b) License fee may be submitted via Pay Order/Bank Draft in favor of "Director Finance PNRA, Islamabad". Please provide the following details:

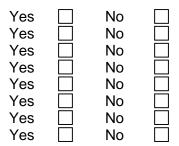
| Pay Or | der/E | Bank Draft | No. | · \ | | ···· | ر بر | j | / | ····· | \ | | ~~~ | - |
|--------|-------|------------|-----|-----|------|----------|---------|----|---|-------|---|-------|--|---|
| | | <u></u> | | 2 | | | | | 5 | | | | | ~ |
| | | | | 1 | | | < | | | | 1 | | | |
| | | Bank: | | | | ` | | 13 | | | | \ | | |
| | ••••• | | | | | | | | | | | فمسمر | and a start of the | • |

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
- ii. Copy of CNIC of Owner (if applicant is not the owner)
- iii. Copy of passport (in case of foreigner applicant/owner)
- iv. Copy of CNIC(s) of all Radiation Worker(s)
- v. Copy of Ownership/Lease Documents
- vi. Authorization from the relevant Govt. Departments
- vii. Experience/Training Certificate(s) of Radiation Worker(s)
- viii. Pay Order/Bank Draft/Copy of Bank Challan



| Ma | nufacturers of Radioactive Materials/Sources | | | |
|-------|--|--|-------|--|
| i. | Safety Analysis Report (SAR) | Yes [| No | |
| ii. | Radiation Protection Program (RPP) | Yes [| No | |
| iii. | Radiation Emergency Plan (REP) | Yes [| No | |
| iv. | Radioactive Waste Management Program (RWMP) | Yes [| No | |
| ٧. | Physical Protection Plan (PPP) | Yes [| No | |
| vi. | Quality Assurance Program (QAP) | Yes [| No | |
| vii. | Initial Decommissioning Plan | Yes [| No | |
| Ма | nufacturers of Radiation Generators | and the second s | | |
| i. | Safety Analysis Report (SAR) | Yes | No No | |
| ii. | Radiation Protection Program (RPP) | Yes [| No No | |
| iii. | Radiation Emergency Plan (REP) (if applicable) | Yes [|] No | |
| iv. | Quality Assurance Program (QAP) | 🖉 Yes 🛛 🗌 | No No | |
| Со | nsumer Products having Radioactive Material | | { } | |
| i. | Plan, Map, Layout of the Facility | Yes 🛛 | No No | |
| ii. | Shielding Design | Yes [| No No | |
| iii. | Radiation Protection Program (RPP) | Yes 🛛 | 🖉 No | |
| iv. | Radiation Emergency Plan (REP) | Yes 🛽 | No | |
| ۷. | Radioactive Waste Management Program (RWMP) | Yes 🛽 | No | |
| vi. | Physical Protection Plan (PPP) (if applicable) | Yes // | No | |
| vii. | Quality Assurance Program (QAP) | Yes // [| No | |
| viii. | Initial Decommissioning Plan | 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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org
- RSD, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9261737 Fax No.: 051-9262019



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 | of the owner: | |
| Name | CNIC No. | |
| Address: | | Contact No. |
| | <i>f</i> | Fax No. |
| | | E-mail |
| 3. If applicant/owner is foreigner, then particular | rs of the foreigner | applicant/owner: |
| Name | Passport No. | |
| Address: | | Contact No.: |
| | | Fax No.: |
| | | E-mail: |
| 4. Have you ever applied for registration and lic | ensing with PNR | <u>A in the past</u> : |
| Yes No | | |
| | | |
| If Yes: | | |
| a) Location of PNRA office where you applie | ed for registration | and licensing: |
| Islamabad 🔲 Kundian 🗌 | Karachi | -0-5 |
| b) Date (dd-mm-yy) you applied for registrat | ion and licensing | |
| c) Final decision of PNRA on your application | | |
| .,,, | | |
| | | |
| ·····// | | ••••••••••••••••••••••••••••••••••••••• |
| | | |
| 5. If already licensed with PNRA, please provid | e: | |
| a) License No.: | - | |
| b) Status of license: Valid 🔲 Sus | spended | Cancelled |
| 6. Purpose for which license is required: | | |
| | | |
| | | |
| 7. Details of radiation facility: | | |
| Name of Organization/Hospital/Centre | | |
| Address (including Tehsil, District) | | |

FORM NO. 13-A

| Status of premises | Owned | On lease/rent | | | | | |
|--|--------------|----------------------------------|----------------------|--|--|--|--|
| 8. Specifications of Radioactive Material: | | | | | | | |
| Radionuclide(s) | Manufacturer | ctivity to be purchased per mont | th 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 | Sr./I. | D. No. | Model No. | Man | ufacturer | | | Country of Origin |
|--|--------|--------|-----------|-----|-----------|----------|----------|---|
| Туре | | | | | | (If requ | uired) | |
| | | | | | | < / | Δ | |
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| have been a second as a second | | | | | | ĺ. | | and the second se |

- 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:

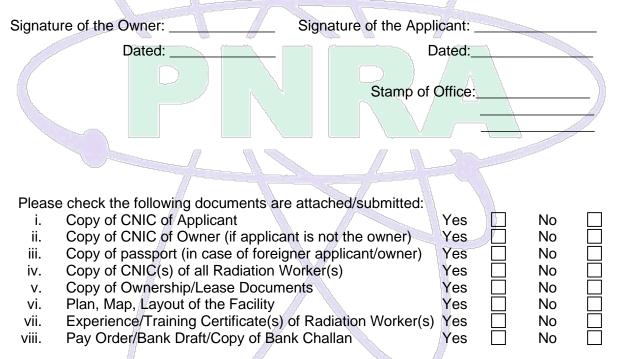
a) License fee may be submitted via **Askari Bank** (All branches). The Askari bank challan may be obtained from respective Regional Directorate or may be downloaded from: https://www.pnra.org/bankChalanActivityType.asp

OR

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

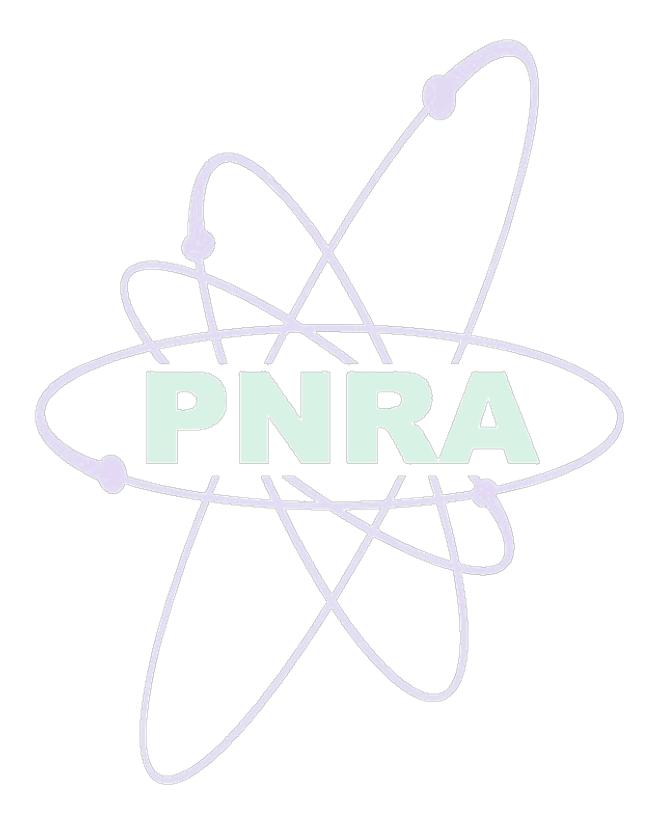
| Pay Order/Bank Draft No.: | | | |
|---------------------------|-------|--|--|
| Amount: | | | |
| Date: | | { } | |
| Name of the Bank: | 1 1 | 11 | |
| | ····/ | · · · · · · · · · · · · · · · / / · · · · · · · · · · · · | |

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.



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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: <u>rnsd1@pnra.org</u>
 RNSD II. Chackman Site, Kundian District Menuralia
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>





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

| 1. | Particulars of the applicant: | | | | | | |
|---------|---|--|------------------------|--|--|--|--|
| Γ | Name | CNIC No. | | | | | |
| | Designation | | | | | | |
| | Address: | | Contact No. | | | | |
| | | | Fax No. | | | | |
| | | | <u>E-mail</u> | | | | |
| 2. | . If applicant is not the owner then particulars of | 11 | | | | | |
| _ | Name | CNIC No. | | | | | |
| | Address: | <i>y</i> | Contact No. | | | | |
| | | - | E-mail | | | | |
| ∟ 3. | If applicant/owner is foreigner, then particulars | of the foreigner | | | | | |
| [| | Passport No. | | | | | |
| - | Address: | | Contact No.: | | | | |
| | | | Fax No:: | | | | |
| | | | E-mail: | | | | |
| 4 | Have you ever applied for registration and lice | nsing with PNRA | <u>in the past</u> : | | | | |
| ĺ | Yes No | | $(\Delta \setminus)$ | | | | |
| ų, | 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: | | | | | | |
| | c) I mai decision of Antica on your application. Thease describe bileny. | | | | | | |
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| | | | •••• | | | | |
| | · · · · · · · · · · · · · · · · · · · | ······ | ·;····· | | | | |
| 5. | If already licensed with PNRA, please provide: | <u>. </u> | | | | | |
| | a) License No.: | | 7 | | | | |
| | b) Status of license: Valid 🗌 Susp | bended | Cancelled | | | | |
| 6. | Purpose for which license is required: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7. | Details of radiation facility: | | | | | | |
| Г | | | | | | | |
| - | Name of Organization/Firm | | | | | | |
| | Address (including Tehsil, District) | | | | | | |

FORM NO. 14-A

| Status of premises | Owned | | On lease/rent | | |
|---|-------------------------------|--------------|--|-------------------------|-------------------------|
| 8. Specifications of Ra | adiation Genera | <u>tor</u> : | | | |
| Type of Radiation Generator | Sr./ID. No. of X- ray Tube | Model No. | Manufacturer | Maximum Voltage (kV) | Maximum Current (mA) |
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| 9. Particulars of Emplo | oyed Profession | als/Radia | tion Worker: | // | |
| Name | Designation C | NIC No. | Age | Qualification E | xperience/Training |
| | | | | | |
| | | | | | |
| | | | | | |
| | | \sim | | | |
| | | 1 | | | |
| 10. <u>Details of avail</u> | able Personal F | Protective I | Equipment (PPE | | |
| 11. Details of available | e Radiation Mon | itoring Eq | uipment (if any): | | |
| · · · · · · · · · · · · · · · · · · · | | | ······································ | Frank Comment | |
| | | <u> </u> | | <u></u> | |
| | | | | <u>}</u> | |
| 12. Arrangements for | personal dose n | onitorina | | | |
| | ſ |) { | | | |
| | | 1 | | | |
| • | | 11 | | nt: | |
| 13. License Fee Inform | | J | |) | |
| a) License fee r challan may b | may be submitt | respective | | torate or may be | |
| | | | OR | | |
| b) License fee ma PNRA, Islama | • | • | rder/Bank Draft i following details | | ctor Finance |
| | • | | • | | |
| | | | | | |
| 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 ii. Copy of CNIC of Owner (if applicant iii. Copy of passport (in case of foreign iv. Copy of CNIC(s) of all Radiation W v. Copy of Ownership/Lease Docume vi. Plan, Map, Layout of the Facility vii. Shielding Design (if applicable) viii. Experience/Training Certificate(s) of ix. Pay Order/Bank Draft/Copy of Ban Note: Use supplemental sheets where necessativity above mentioned documents to the concert For details please contact your respective Region | Aner applicant/owner) Yes No Orker(s) Yes Orker(s) |
| RNSD-I, PNRA Headquarter, Mauve A Phone No.: 051-9263019 Fax N RNSD-II, Chashma Site, Kundian, Dist Phone No.: 0459-924294 Fax N RNSD-III, 42 C, 24th Commercial Street | vrea, G-8/1, Islamabad o.: 051-9263009 Email: <u>rnsd1@pnra.org</u> trict Mianwali o.: 0459-924308 Email: <u>rnsd2@pnra.org</u> |



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. |
| | | |
| 2. If applicant is not the owner then particulars c | of the owner: | / |
| Name | CNIC No. | |
| Address: | | Contact No. |
| | | Fax No. E-mail |
| | | |
| 3. If applicant/owner is foreigner, then particular | | applicant/owner: |
| Name | Passport No. | |
| Address: | | Contact No.: Fax No.: |
| | | E-mail: |
| | | |
| 4. Have you ever applied for registration and lice | ensing with PNRA | A in the past: |
| Yes No | | |
| If Yes: | | |
| a) Location of PNRA office where you applie | d for registration | and licensing: |
| Islamabad 🔲 Kundian | Karachi | T-C |
| b) Date (dd-mm-yy) you applied for registrat | ion and licensing: | |
| c) Final decision of PNRA on your applicatio | | |
| c) This decision of this con your applicatio | | le bliefly. |
| · · · · · · · · · · · · · · · · · · · | / | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| 5. If already licensed with PNRA, please provide | <u>e</u> : | |
| a) License No.: | | |
| b) Status of license: Valid 🗌 Sus | spended | 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 | On lease/rent | |
|--------------------|-------|---------------|--|

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

a) Nuclear Analyzer/Detector Gauge

| Type of Analyzer/ Detector | Radionuclide(s) | Source ID. No. | Model No. | 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 |
|--|-------------|--------------|--------------|-------------------------|-------------------------|----------------------|
| | | | | // | | |
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| and the second sec | | | | | | |
| | | | | \rightarrow)/, | | |

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

| | | | 1 L | 1 | |
|------|-------------|----------|--|---------------|---|
| Name | Designation | CNIC No. | Age | Qualification | Experience/Training |
| | | | | | and the second se |
| | | | | | |
| | | | | | |
| | | | and the second s | | |

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: 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: |
| | $ \langle \langle \Delta \rangle \rangle$ |
| | Stamp of Office: |
| | |
| | |
| Please check the following documents are a | attached/submitted: |
| i. Copy of CNIC of Applicant | Yes 🖸 No 🗌 |
| ii. Copy of CNIC of Owner (if applicant is r | not the owner) Yes 🗌 No 🗌 |
| iii. Copy of passport (in case of foreigner a | |
| iv. Copy of CNIC(s) of all Radiation Worke | r(s) Yes No |
| v. Copy of Ownership/Lease Documents | Yes No |

- vi. Plan, Map, Layout of the Facility
- vii. Experience/Training Certificate(s) of Radiation Worker(s)
- viii. Pay Order/Bank Draft/Copy of Bank Challan

Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority. For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org

| Yes | | No | |
|-----|---------------|----|--|
| Yes | \mathcal{A} | No | |
| Yes | | No | |
| | | | |

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



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Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

APPLICATION FORM FOR RENEWAL OF LICENSE FOR DIAGNOSTIC <u>RADIOLOGY</u>

| 1. Particulars of the licensee: | | | | |
|--|--|---|--|-------------------------|
| Name | CNIC No. | | | |
| Passport No. (In case of foreigner license | e) | | | |
| Designation | | | | |
| Address: | | Contact | No. | |
| | | Fax No. E-mail | 1 | |
| | | | 1 | |
| 2. License information: | \bigvee | | | 1 |
| a. Date of Registration with PNRA | \wedge | | 1 | |
| b. License No. | c. Validity | of License | | |
| 3. Any change in location of radiation equip | oment: | | | |
| Yes No | | | | |
| If Yes: | | | and the second sec | |
| Provide complete updated address (inclu | uding <u>mohalla/cha</u> | k, Tehsil and | District): | |
| | | | | |
| | | | | |
| | | · v · · · · · · · · · · · · · · · · · · | | |
| | | | and a second and a | |
| 4. Any addition/reduction in radiation gener | rator: | L~ | | |
| 4. <u>Any addition/reduction in radiation gener</u> Yes <u>No</u> | rator: | R | | |
| | rator: | H | | |
| Yes No | rator: | M | | |
| Yes No If Yes: Provide details of radiation generator: Type of Radiation Sr./ID. Model M | Manufacturer & | Maximum | Maximum | Addition*/ |
| Yes No If Yes: Provide details of radiation generator: Type of Radiation Sr./ID. Model Generator No. of X-ray No. | Manufacturer & Date of | Voltage | Current | Addition*/ Reduction |
| Yes No If Yes: Provide details of radiation generator: Type of Radiation Sr./ID. Model Generator No. of X-ray No. (Dental/CT- Tube No. | Manufacturer & | | | |
| Yes No If Yes: Provide details of radiation generator: Type of Radiation Sr./ID. Model Generator No. of X-ray No. | Manufacturer & Date of | Voltage | Current | |
| Yes No If Yes: Provide details of radiation generator: Type of Radiation Sr./ID. Model Generator No. of X-ray No. (Dental/CT- Tube No. | Manufacturer & Date of | Voltage | Current | |
| Yes No If Yes: Provide details of radiation generator: Type of Radiation Sr./ID. Model Generator No. of X-ray No. (Dental/CT- Tube No. | Manufacturer & Date of | Voltage | Current | |
| Yes No If Yes: Provide details of radiation generator: Type of Radiation Sr./ID. Model Generator No. of X-ray No. (Dental/CT- Tube No. | Manufacturer & Date of | Voltage | Current | |
| Yes No If Yes: Provide details of radiation generator: Type of Radiation Sr./ID. Model Generator No. of X-ray No. (Dental/CT- Tube No. | Manufacturer & Date of | Voltage | Current | |
| Yes No If Yes: Provide details of radiation generator: Type of Radiation Sr./ID. Model Model Generator No. of X-ray No. Model (Dental/CT- Tube Model Model Scanner, etc.) Image: Comparison of the second of the | Manufacturer & Date of Manufacturing | Voltage (kV) | Current (mA) | Reduction |
| Yes No If Yes: Provide details of radiation generator: Type of Radiation Sr./ID. Model Generator No. of X-ray No. (Dental/CT- Tube Model Scanner, etc.) If Yes: Model Scanner, etc.) If Yes: Model Model Model Model Model <td>Manufacturer & Date of Manufacturing</td> <td>Voltage (kV)</td> <td>Current (mA)</td> <td>Reduction</td> | Manufacturer & Date of Manufacturing | Voltage (kV) | Current (mA) | Reduction |
| Yes No If Yes: Provide details of radiation generator: Type of Radiation Sr./ID. Model Model Generator No. of X-ray No. Model (Dental/CT- Tube Model Model Scanner, etc.) Image: Comparison of the second of the | Manufacturer & Date of Manufacturing | Voltage (kV) | Current (mA) | Reduction |

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

| Provide d | letails below: | | | | | |
|-----------|----------------|----------|-----|---------------|-------------|--------|
| Name | Designation | CNIC No. | Age | Qualification | Experience/ | Left / |
| | J J | | Ũ | | Training | 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 O | der/E | Bank Draf | t No.: | | | | <u> </u> | | |
|-------|-------|---|----------|-------|---|-----|----------|---|---|
| | | 2 | <u> </u> | | | 1 1 | | 1 | <u>``</u> |
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| | | | | | 1 | | | 1 | |
| Name | | b Dank | | ••••• | | | | | and a second and a s |

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 fo | ollowing documents are atta | ched/submitted: | | | |
| i. Updated list alo | ong with annual dose record | of radiation workers | Yes | No | |
| ii. Updated inventor | y of radiation generator | | Yes | No | |
| iii. Copy of CNIC(s) | of newly appointed radiation | n workers | Yes | No | |
| iv. Qualification and | experience certificate of new | wly appointed worker | (s) Yes | No | |
| v. Pay Order/Bank I | Draft/Copy of Bank Challan | | Yes | No | |
| | | | | | |

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

For details please contact your respective Regional Nuclear Safety Directorate (RNSD) & Regional Nuclear Safety Inspectorate (RNSI):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: <u>rnsd1@pnra.org</u>
- RNSD-II, Chashma Site , Kundian, District Mianwali
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>
- 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
- RNSI-Gilgit-Baltistan, HRDC Complex, Near Regional Board Center, Jutial, Gilgit-Baltistan Phone No.: 58119-30083 Fax No.: 05811-552844 Email: <u>rnsi1b@pnra.org</u>
- RNSI-AJ&K, Room No. 01, 2nd Floor, Kutchery Plaza, Muzaffarabad, AJ&K Phone No.: 0582-2943904 Fax No.: 0582-2943904 Email: <u>rnsi1c@pnra.org</u>
- RNSI-Multan, House No. 93, Western Fort Colony, Qasim Bella, Multan Phone No.: 061-6350569 Fax No.: 061-6350653 Email: <u>rnsi2a@pnra.org</u>
- 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



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 lic | censee) | | | |
| Designation | | | | |
| Address: | | Contact No. | | |
| | | Fax No. 🖉 | | |
| | | E-mail | | |
| 2. <u>License information</u> : | | | | |
| a. Date of Registration with PNRA | | | | |
| b. License No. | c. Validity o | f License | | |
| 3. Any addition/reduction in radioactiv | e material/radiation gene | rator: | | |
| Yes No | | | | |
| If Yes: | | // | | |
| | | | | |
| a. Provide details of radioactive ma | aterial (Teletherapy/Brach | ytherapy Sour | ce): | |
| | anufacturer Activity with | | Country | Addition/ |
| ID. No. No. | Reference Date | of SRS of | | Reduction |
| | Dale | | Drigin | |
| | | | | / |
| | | | | and the second se |
| | | | and a second sec | |
| b. Provide details of radiation gene | erator (LINAC, X-ray/CT S | Simulator etc.): | | |
| Apparatu Sr./ID Mode Manufac | tur Maximum Voltage N | New/ C | Country | Addition/ |
| s Type . I No. er | | Refurbishe | - | Reduction |
| No. | Apparatus | C | Drigin | |
| | | | | |
| | | | | |
| | | | | |
| 4. Any change in particulars of Emp | loved Professionals (Rad | diation Oncolo | gist(s)/M | ledical |
| Physicist(s)/Radiation Protection O | | | | |

- Yes No \square
 - If Yes:
 - Provide details below:

| Designation | CNIC No. | Age | Qualification | Experience/ | |
|-------------|-------------|----------------------|--------------------------|--|--------|
| | | | | Training | Joined |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Designation | Designation CNIC No. | Designation CNIC No. Age | Designation CNIC No. Age Qualification | |

- 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: Updated list along with annual dose record of radiation workers i. Yes No ii. Updated inventory of radioactive material/radiation generator Yes No iii. List of updated/revised documents e.g. RPP, etc.(if any) Yes No iv. Copy of CNIC(s) of newly appointed radiation workers Yes No v. Qualification and experience certificate of newly appointed worker(s) Yes No vi. Pay Order/Bank Draft/Copy of Bank Challan Yes No Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority. For details please contact your respective Regional Nuclear Safety Directorate (RNSD): RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Email: rnsd1@pnra.org Phone No.: 051-9263019 Fax No.: 051-9263009 RNSD-II, Chashma Site, Kundian, District Mianwali Fax No.: 0459-924308 Email: rnsd2@pnra.org Phone No.: 0459-924294
 - RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



P. O. Box No. 1912, Islamabad

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

| | the license | <u>ee</u> . | | | | | |
|-------------------|--------------|-------------|--------------------------------|----------------------------|--------------------|---------------|------------------------|
| Name | | | | CNIC No. | - | | |
| Passport No. (I | n case of | foreigne | r licensee) | } | | | · · · · · |
| Designation | | | | | | | |
| Address: | | | | | Contact N | lo. | |
| | / | ~ | | | Fax No. | } | |
| | | | | | E-mail | | |
| 2. License inform | nation: | | | | / | | |
| a. Date of Reg | istration v | vith PNR | A 🔪 / | 4 | | - | |
| b. License No. | | } | V | c. Validity of | License | | |
| 3. Any addition/r | eduction i | n radioa | ctive source a | nd equipment: | // | | |
| Yes | No | | | | | | |
| 163 | INU | | | | 11 | | |
| | 1 | 4 | | | 6 6 | | |
| If Yes: | \ | 1 | | | | | |
| | atails of se | ealed rac | lioactive sourc | xes: | 1 | | |
| | etails of se | | lioactive sourc Manufacture | | Category | Country | Addition/ |
| a. Provide de | | | | | Category of SRS | Country of | Addition/ Reduction |
| a. Provide de | Source | Model | | Activity with | | | |
| a. Provide de | Source | Model | | Activity with Reference | | of | |
| a. Provide de | Source | Model | | Activity with Reference | | of | |
| a. Provide de | Source | Model | | Activity with Reference | | of | |
| a. Provide de | Source | Model | | Activity with Reference | | of | |

Juouve 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 |
|-------------------|-----------------|---|--------------|-------------------|--------------------|
| 1900 | | | | | |
| | | and the second se | | | |

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:

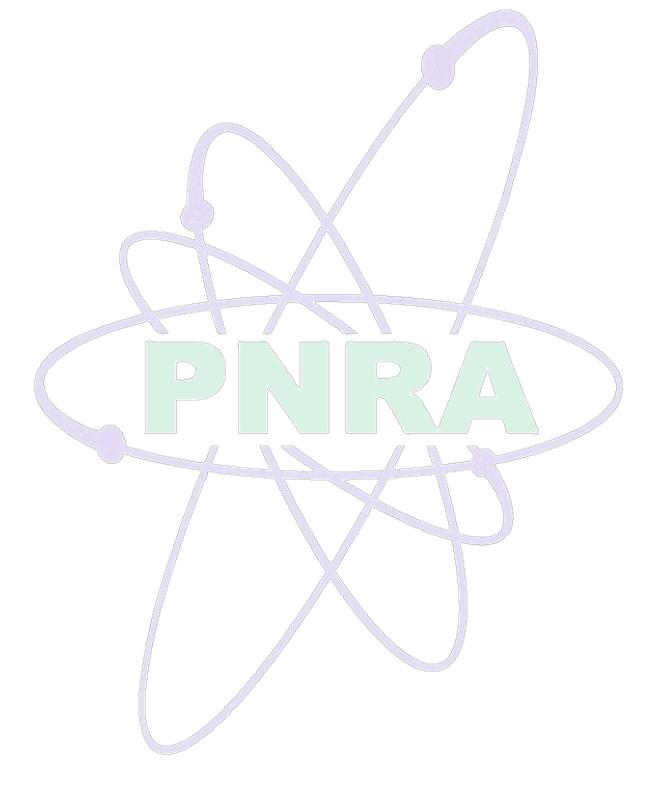
Provide details below:

FORM NO. 3-B

| Name | Designation | CNIC No. | Age | Qualification | Experience/ Training | Left / Joined |
|--------------------------------------|---|--------------------|---------------|------------------------|-------------------------|------------------|
| | | | | | | |
| 5. Status of r | previous inspectior | recommendatio | ons: | | | |
| | | | | | | |
| | | | | | | |
| 6. <u>Reference</u> <u>any)</u> : | /brief of radiation i | ncident/accident | occurred o | <u>during previous</u> | licensing peric | <u>d (if</u> |
| | | | | | | |
| | | | | | / | |
| | <u>e Information</u> : se renewal fee ma | w bo submitted | via Ackari | Bank (All bran | achoe) The Ar | kori |
| bank | challan may be | obtained from r | espective | Regional Direc | torate or may | |
| down | loaded from: https | ://www.phra.org/ | OR | nactivity rype.a | <u>isp</u> | |
| | e renewal fee may | | | | | ctor |
| | ce PNRA, Islamat y Order/Bank Draf | | 1 1 | | | |
| Arr | nount: | | | | | |
| 1 1 | te: | | | | | |
| Na | me of the Bank: | | ····· | | | |
| | by, affirm that all | | | | | |
| Regulations | for the Licensing I other applicable | of Radiation Fac | cility (ies) | other than Nuc | lear Installatio | n(s) - |
| conditions an | nd directives issued /revisions issued t | d by the Authority | | | | |
| amenamento | | | ignature of | the Licensee: | , | |
| | | X | | | | |
| | | | | Stamp of Office | | |
| | | | | • | | |
| Please check | the following docu | ments are attach | ned/submit | ted: | | |
| | ng with annual do entory of radioacti | | | | Yes 🗌 No Yes 🔲 No | |
| | ted/revised docum | | | | Yes 🗌 No Yes 🗍 No | = |
| . Qualification | and experience c Bank Draft/Copy of | ertificate of newl | | d worker(s) | Yes 🗌 No Yes 🗍 No | |
| | | | | | | |
| | plemental sheets wh | | | | | long |
| min above mer | ntioned documents to | o me concernea R | egioriai Dife | iorate of the At | monty. | |
| | | | | | | |

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: <u>rnsd1@pnra.org</u>
- RNSD-II, Chashma Site, Kundian, District Mianwali
 Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>





P. O. Box No. 1912, Islamabad

<u>APPLICATION FORM FOR RENEWAL OF LICENSE FOR INDUSTRIAL</u> <u>RADIOGRAPHY</u>

- 1. Particulars of the licensee:

 Name
 CNIC No.

 Passport No. (In case of foreigner licensee)

 Designation

 Address:

 E-mail

 2. License information:

 a. Date of Registration with PNRA

 b. License No.
- 3. Any addition/reduction in radioactive material/radiation generator:

Yes 🔲 No

If Yes:

a. Provide details of sealed radioactive material/source:

~~~~

| Radionuclide(s) | Source<br>ID. No. |   | Manufacturer | Activity with<br>Reference<br>Date | Category<br>of SRS | Country<br>of<br>Origin | Addition/<br>Reduction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------|-------------------|---|--------------|------------------------------------|--------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 |                   |   |              |                                    |                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                 |                   |   |              |                                    |                    |                         | and the second se |
|                 |                   | 1 | 177          |                                    | 27                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

b. Provide details of gamma projectors:

| Sr./ID. No. | Model No. | Manufacturer | Shielding<br>Material | Country of<br>Origin | Addition/Reduction |
|-------------|-----------|--------------|-----------------------|----------------------|--------------------|
|             |           |              |                       |                      |                    |
|             |           |              |                       |                      |                    |

c. Provide details of radiation generators:

| Sr./ID. No. | Model<br>No. | Manufacturer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Maximum<br>Voltage<br>(kV) | Maximum<br>Current<br>(mA) | Country<br>of Origin | Addition/ Reduction |
|-------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------|---------------------|
|             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                            |                      |                     |
|             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                            |                      |                     |
|             |              | and the second se |                            |                            |                      |                     |

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

Yes 🗌 No 🗌

If Yes:

Provide details below:

| Nomo                                 | Designation                             | CNIC No.                                 | 1 ~~~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Qualification      | Experience              |                  |
|--------------------------------------|-----------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|------------------|
| Name                                 | Designation                             | CNIC NO.                                 | Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Qualification      | Experience/<br>Training | Left /<br>Joined |
|                                      |                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         | 1                |
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|                                      |                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         | +                |
| 5. Status of prev                    | vious inspectior                        | recommendations                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         | 1                |
| o. <u>Otatas of prov</u>             |                                         | recommendations                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                         |                  |
|                                      |                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | •••••                   |                  |
|                                      | · • • • • • • • • • • • • • • • • • • • |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\sim$             |                         |                  |
|                                      | ief of radiation i                      | ncident/accident oc                      | curred o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | during previous    | licensing peric         | od (if           |
| <u>any)</u> :                        |                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                  |
|                                      | ·····                                   |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                  |
|                                      |                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                  |
| 7. License Fee Ir                    | nformation:                             |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | //                 |                         |                  |
|                                      |                                         | ay be submitted via                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                  |
| bank ch                              | allan may be                            | obtained from resp<br>://www.pnra.org/ba | Dective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Regional Direc     | ctorate or may          | / be             |
| downloa                              | ued nom. <u>milps</u>                   | OF                                       | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | <u>150</u>              |                  |
|                                      |                                         |                                          | ~~~~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                         | - 1              |
|                                      |                                         | be submitted via F<br>ad". Please provid |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | tavor of "Dire          | ctor             |
| Pay C                                | order/Bank Draf                         | t No.:                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                  |
| Amou                                 | nt:                                     |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ) / A              |                         |                  |
| Date:                                |                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\leq$ / $\square$ | <u> </u>                | /                |
|                                      | of the Bank:                            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>           |                         |                  |
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|                                      |                                         | the particulars gillertake to abide by   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                  |
|                                      |                                         | of Radiation Facilit                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                  |
|                                      |                                         | e PNRA Regulation                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                  |
| amendments/rev                       |                                         | d by the Authority fr<br>hereto.         | om time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e to time includi  | ng any guidellr         | ies or           |
|                                      |                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                  |
|                                      | //                                      | Sign                                     | ature of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the Licensee:      |                         |                  |
|                                      |                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dated:             |                         |                  |
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|                                      | //                                      |                                          | and the second s |                    |                         |                  |
| I                                    | <u> </u>                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                         |                  |
| Please check the                     | following docu                          | ments are attached                       | /submitt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ted:               |                         |                  |
|                                      |                                         | dose record of radi                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | Yes 🗌 No                | <b>)</b>         |
| i. Updated invent                    | tory of radioacti                       | ve material/radiation                    | n genera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ator               | Yes 🗍 No                |                  |
| <ol> <li>List of updated/</li> </ol> | revised docum                           | ents e.g. RPP, etc.                      | it any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | Yes 🗌 No                | ▶ 🛄              |

- iii. List of updated/revised documents e.g. RPP, etc.(if any)iv. Copy of CNIC(s) of newly appointed radiation workers
- v. Qualification and experience certificate of newly appointed worker(s)
- vi. Pay Order/Bank Draft/Copy of Bank Challan

| Yes | No |  |
|-----|----|--|
| 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: <u>rnsd1@pnra.org</u>
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>

   RNSD III. 42 C. 24th Commercial Street. Dhase II. Fut. DHA Korashi
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



P. O. Box No. 1912, Islamabad

## <u>APPLICATION FORM FOR RENEWAL OF LICENSE FOR USE OF</u> <u>NUCLEAR/ X- RAY GAUGE</u>

1. Particulars of the licensee:

|         | Name                                              |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CNI    | C No.             |                        | and a second sec |           |  |  |
|---------|---------------------------------------------------|---------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
|         | Passport                                          | No. (In ca    | se of fore  | igner licensee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | )      |                   | 8                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
|         | Designat                                          | ion           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   | 1                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
|         | Address:                                          |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   | Contact N              | lo.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |  |  |
|         |                                                   |               |             | 34.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        | Fax No.           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
|         |                                                   |               | - (-        | and the second s |        |                   | E-mail                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
| 2.      | 2. License information:                           |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
| -       | a. Date of Registration with PNRA                 |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
| L       | b. License No.                                    |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
| 3.      | . Any addition/reduction in nuclear/x- ray gauge: |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
|         | Yes No                                            |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
|         | If Yes:                                           |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   | //                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
|         |                                                   |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
|         | a. Prov                                           | ide details   | of nuclea   | r gauge:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                   | - lan                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
|         |                                                   | adionuclid    |             | ce ID. Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        | Activity          | Category               | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Addition/ |  |  |
|         | (Fixed/                                           | ~             | No.         | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | factur | with              | of SRS                 | of Origin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Reduction |  |  |
|         |                                                   |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |  |  |
| · · · · | Mobile)                                           |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | Reference         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
| f       |                                                   |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | Reference<br>Date | $\left  \right\rangle$ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
|         |                                                   |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   | $\langle A \rangle$    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
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|         |                                                   |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
|         |                                                   | de details of | of X-ray ga | auge:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |  |
| -       |                                                   | de details o  | of X-ray ga | auge:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                   | aximum C               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Addition/ |  |  |

| l ype<br>(Fixed/<br>Mobile) | <br>No. | Manufacturer | Voltage<br>(kV) | Maximum<br>Current<br>(mA) | Addition/<br>Reduction |
|-----------------------------|---------|--------------|-----------------|----------------------------|------------------------|
|                             |         | X            | 7               |                            |                        |
|                             |         |              |                 |                            |                        |
|                             |         |              |                 |                            |                        |

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

Yes [ If Yes:

Provide details below:

No

| Name | Designation | CNIC No. | Age | Qualification | Experience/<br>Training | Left /<br>Joined |
|------|-------------|----------|-----|---------------|-------------------------|------------------|
|      |             |          |     |               |                         |                  |
|      |             |          |     |               |                         |                  |
|      |             |          |     |               |                         |                  |

- 5. Status of previous inspection recommendations: 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 No ii. Updated inventory of radioactive material/radiation generator Yes No iii. List of updated/revised documents e.g. RPP, etc. (if any) Yes No iv. Copy of CNIC(s) of newly appointed radiation workers Yes No v. Qualification and experience certificate of newly appointed worker(s) No Yes vi. Pay Order/Bank Draft/Copy of Bank Challan Yes No Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority. For details please contact your respective Regional Nuclear Safety Directorate (RNSD):
  - RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: <u>rnsd1@pnra.org</u>
  - RNSD-II, Chashma Site, Kundian, District Mianwali
     Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
  - RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



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. |
|                                              | 1r       | 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
- a. Provide details of radioactive material/source:

| Type of                               | Radionuclide(s) |     |     |         | Activity with |                    | •                                                                                                               | Addition/ |
|---------------------------------------|-----------------|-----|-----|---------|---------------|--------------------|-----------------------------------------------------------------------------------------------------------------|-----------|
| Irradiator                            |                 | No. | No. | acturer | Reference     | of SRS             | of                                                                                                              | Reduction |
|                                       |                 |     |     |         | Date          |                    | Origin                                                                                                          |           |
|                                       |                 |     |     |         |               | $/ \wedge \rangle$ |                                                                                                                 |           |
|                                       |                 |     |     |         | $\sim$        |                    | and a second and a s |           |
| A A A A A A A A A A A A A A A A A A A |                 |     |     |         |               |                    |                                                                                                                 |           |

b. Provide details of radiation generator:

| Type of<br>Irradiator | Sr./ID.<br>No. | Model<br>No. | Manufacturer | Maximum Voltage of Radiation Apparatus | Country of Origin | Addition/<br>Reduction |
|-----------------------|----------------|--------------|--------------|----------------------------------------|-------------------|------------------------|
|                       |                | A A A        |              |                                        |                   |                        |
|                       | //             |              |              |                                        |                   |                        |
|                       |                |              | $\sim$       |                                        |                   |                        |

- 4. <u>Any change in particulars of Employed Professionals (Radiation Protection Officer(s)/Radiation Worker(s) etc.)</u>:
  - Yes 🗌 No 🗌
  - If Yes:
  - Provide details below:

| Name | Designation | CNIC No. | Age | Qualification | Experience/ | Left / |
|------|-------------|----------|-----|---------------|-------------|--------|
| Ϋ́,  |             |          |     |               | Training    | 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 No ii. Updated inventory of radioactive material/radiation generator Yes No iii. List of updated/revised documents e.g. RPP, etc.(if any) Yes No iv. Copy of CNIC(s) of newly appointed radiation workers Yes No v. Qualification and experience certificate of newly appointed worker(s) No Yes vi. Pay Order/Bank Draft/Copy of Bank Challan Yes No Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority. For details please contact your respective Regional Nuclear Safety Directorate (RNSD):
  - RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
  - RNSD-II, Chashma Site, Kundian, District Mianwali
     Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
  - RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

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

| 1. Particulars of t | <u>he licensee</u> :              |                   |                   |                | 1            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|---------------------|-----------------------------------|-------------------|-------------------|----------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Name                |                                   |                   | CNIC No.          |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Passport No. (Ir    | n case of foreig                  | gner licensee)    |                   | } ] ] ] ] ]    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Designation         |                                   |                   |                   | ~              |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Address:            |                                   |                   |                   | Contact        | No.          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                     |                                   |                   |                   | Fax No.        | 1            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                     |                                   |                   |                   | E-mail         |              | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |
| 2. License inform   | nation:                           |                   |                   | /              | 4            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                     | a. Date of Registration with PNRA |                   |                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| b. License No.      |                                   | $\longrightarrow$ | c. Valid          | ity of License |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| 3. Any addition/re  | eduction in rad                   | ioactive materia  | <u>/source</u> :  | //             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Yes                 | No                                |                   |                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| If Yes:             |                                   |                   |                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                     |                                   |                   |                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Provide details of  |                                   |                   |                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Radionuclide(s)     |                                   |                   | Activity          |                |              | Addition/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
|                     | ID. No. No.                       | -er               | Reference<br>Date | e of SRS       | of           | Reduction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| ( {                 |                                   |                   | Date              |                | Origin       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
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|                     |                                   |                   |                   |                |              | and the second sec |  |  |  |  |
|                     | man lu                            |                   |                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
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| 4. Any change       | in particula                      | rs of Employ      | ed Profes         | ssionals (Rad  | liation Prot | tection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
| Officer(s)/Radi     | iation Worker(s                   | <u>s) etc.)</u> : |                   |                | ]            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Yes                 | No 🗌                              |                   |                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| If Yes:             | //                                | $\sim$            | 1                 | l l            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Provide details     | s below:                          |                   |                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Name                | Designation                       | CNIC No.          | Age               | Qualification  | Experience   | e/ Left /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
|                     |                                   |                   |                   |                | Training     | Joined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
|                     |                                   |                   |                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                     |                                   |                   |                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                     |                                   |                   |                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| 5. Status of previ  | ous inspection                    | recommendation    | ons:              |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                     |                                   |                   |                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |

6. Reference/brief of radiation incident/accident occurred during previous licensing period (if <u>any)</u>:

.....

#### 7. License Fee Information:

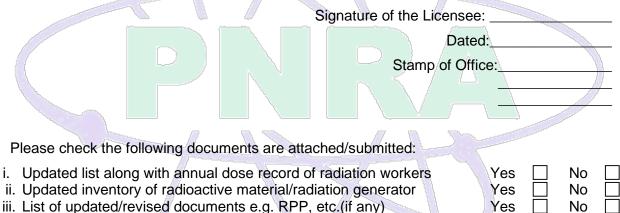
 a) License renewal fee may be submitted via Askari Bank (All branches). The Askari bank challan may be obtained from respective Regional Directorate or may be downloaded from: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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:                   |    | $\frown$ |       |                                         | /     |  |  |  |  |  |
|                           | 1  |          | 11    | 1                                       | ,     |  |  |  |  |  |
|                           |    | nk:      | 11    | 11                                      |       |  |  |  |  |  |
|                           | Ja |          | •/•/• | ••••••••••••••••••••••••••••••••••••••• | ••••• |  |  |  |  |  |

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.



- iv. Copy of CNIC(s) of newly appointed radiation workers
- v. Qualification and experience certificate of newly appointed worker(s)
- vi. Pay Order/Bank Draft/Copy of Bank Challan

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: <u>rnsd1@pnra.org</u>
- RNSD-II, Chashma Site, Kundian, District Mianwali
   Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>

Yes

Yes

Yes

No

No

No



Pakistan Nuclear Regulatory Authority P. O. Box No. 1912, Islamabad

## APPLICATION FORM FOR RENEWAL OF LICENSE FOR GAMMA/ X-RAY <u>SCANNING</u>

1. Particulars of the licensee:

| Name                                                                   |              |            |              | CNIC No.         |                    |         |           |  |
|------------------------------------------------------------------------|--------------|------------|--------------|------------------|--------------------|---------|-----------|--|
| Passport No.                                                           | (In case c   | f foreigne | er licensee) |                  |                    |         |           |  |
| Designation                                                            |              | Torongine  |              |                  |                    |         |           |  |
| Address:                                                               |              |            |              |                  | Contact N          |         |           |  |
| / (ddi 000)                                                            |              |            |              |                  | Fax No.            |         |           |  |
|                                                                        |              | -          | ~            |                  | E-mail             | 1       |           |  |
| 2. License infor                                                       | mation:      |            |              |                  |                    |         |           |  |
| a. Date of Re                                                          | gistration   | with PNF   | RA 🚺         |                  |                    |         |           |  |
| b. License No                                                          | o. 📃 🗍       |            |              | 🤇 c. Validity o  | f License          |         |           |  |
| 3. Any addition/reduction in radioactive material/radiation generator: |              |            |              |                  |                    |         |           |  |
| Yes No                                                                 |              |            |              |                  |                    |         |           |  |
| If Yes:                                                                |              |            |              |                  |                    |         |           |  |
| a. Provide d                                                           | etails of r  | adioactive | e material:  |                  | _ //               |         |           |  |
| Radionuclide(s                                                         | 11           |            | Manufacture  | er Activity with | Cotogory           | Country | Addition/ |  |
| Radionucinae(s                                                         | ID. No       | 1 1        | Manuacture   | Reference        | Category<br>of SRS | of      | Reduction |  |
|                                                                        |              |            |              | Date             |                    | Origin  |           |  |
|                                                                        |              |            |              |                  | $/ \Delta$         |         |           |  |
|                                                                        |              |            |              |                  |                    |         |           |  |
|                                                                        |              |            |              |                  |                    |         |           |  |
| b. Provide d                                                           | etails of ra | adiation g | enerator:    |                  | T                  |         |           |  |
| Apparatus                                                              | Sr./ID.      | Model      | Manufacture  | r Maximum        | Maximum            | Country | Addition/ |  |
| Туре                                                                   | No. //       | No.        |              | Voltage          | Current            | of      | Reduction |  |
|                                                                        | 11           |            |              | (kV)             | (mA)               | Origin  |           |  |

| 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/<br>Training | Left /<br>Joined |
|------|-------------|----------|-----|---------------|-------------------------|------------------|
|      |             |          |     |               | Training                | Joinea           |
|      |             |          |     |               |                         |                  |
|      |             |          |     |               |                         |                  |
|      |             |          |     |               |                         |                  |

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 No ii. Updated inventory of radioactive material/radiation generator Yes No iii. List of updated/revised documents e.g. RPP, etc.(if any) Yes No iv. Copy of CNIC(s) of newly appointed radiation workers Yes No v. Qualification and experience certificate of newly appointed worker(s) Yes No vi. Pay Order/Bank Draft/Copy of Bank Challan Yes No Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority. For details please contact your respective Regional Nuclear Safety Directorate (RNSD): RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Email: rnsd1@pnra.org Phone No.: 051-9263019 Fax No.: 051-9263009 RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



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:                  | 6                   |           |    |  |
|--------------------------------------------------|---------------------|-----------|----|--|
| Name                                             | CNIC No.            |           |    |  |
| Passport No. (In case of foreigner licensee)     |                     |           |    |  |
| Designation                                      |                     |           |    |  |
| Address:                                         |                     | Contact N | o. |  |
|                                                  |                     | Fax No. 🖉 | ſ  |  |
|                                                  |                     | E-mail 📗  |    |  |
| 2. License information:                          |                     |           |    |  |
| a. Date of Registration with PNRA                |                     | //        |    |  |
| b. License No.                                   | c. Validity of      | License   |    |  |
| 3. Any addition/reduction in radioactive materia | Il/radiation genera | ator:     |    |  |
| Yes No                                           |                     |           |    |  |
| If Yes:                                          |                     | - mark    |    |  |
| a. Provide details of sealed radioactive sour    |                     |           |    |  |

| Radionuclide(s) | Source<br>ID. No. |    |    | Activity with<br>Reference<br>Date | Category<br>of SRS | Country<br>of Origin | Addition/<br>Reduction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------|-------------------|----|----|------------------------------------|--------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 |                   |    |    |                                    |                    |                      | and the second se |
|                 |                   | 17 | 11 | / \                                | 5                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                 |                   |    |    |                                    |                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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<br>Type | Sr./ID.<br>No. | Model<br>No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Manufacturer | Maximum<br>Voltage<br>(kV) | Maximum<br>Current<br>(mA) | Country<br>of Origin | Addition/<br>Reduction |
|-------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|----------------------------|----------------------|------------------------|
|                   | and a second   | and the second s |              |                            |                            |                      |                        |
|                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                            |                            |                      |                        |
|                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                            |                            |                      |                        |

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

Yes 🗌 No 🗌

If Yes:

Provide details below:

| Name | Designation | CNIC No. | Age | Qualification | Experience/<br>Training | Left /<br>Joined |
|------|-------------|----------|-----|---------------|-------------------------|------------------|
|      |             |          |     |               |                         |                  |
|      |             |          |     |               |                         |                  |
|      |             |          |     |               |                         |                  |

#### 5. Status of previous inspection recommendations:

Reference/brief of radiation incident/accident occurred during previous licensing period (if

<u>Reference/brief of radiation incident/accident occurred during previous licensing period (if any)</u>:

- 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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.: |        |        | <u>A</u> |                                                                                                                  |
|----------------------|------|--------|--------|----------|------------------------------------------------------------------------------------------------------------------|
| Amount:              |      |        | ~      |          | 1                                                                                                                |
| Date:                |      |        | $\sim$ |          |                                                                                                                  |
| Name of the Bank:    |      |        |        |          | and a start and a start and a start a st |
| Contraction (        |      | <br>// | ·····  |          |                                                                                                                  |

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
- ii. Updated inventory of radioactive material/radiation generator
- iii. List of updated/revised documents e.g. RPP, etc.(if any)
- iv. Copy of CNIC(s) of newly appointed radiation workers
- v. Qualification and experience certificate of newly appointed worker(s)
- vi. Pay Order/Bank Draft/Copy of Bank Challan

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: <u>rnsd1@pnra.org</u>

   RNSD II. Chackage Site Kon diag. District Microwelli
- RNSD-II, Chashma Site, Kundian, District Mianwali
   Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
   RNSD-III 42 C 24th Commercial Street Phase II Ext. DHA Karachi
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



P. O. Box No. 1912, Islamabad

# APPLICATION FORM FOR RENEWAL OF LICENSE FORIMPORT/EXPORT/TRADE OF RADIOACTIVE MATERIAL/RADIATIONEQUIPMENT/ DEVICES CONTAINING RADIOACTIVE MATERIAL

| 1. Particulars of the | licensee:         |              |             | 2       | ļ      |       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
|-----------------------|-------------------|--------------|-------------|---------|--------|-------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|
| Name                  |                   |              | CNIC No.    | T       |        |       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
| Passport No. (In c    | ase of foreigner  | licensee)    |             |         |        | 1     | 1             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
| Designation           |                   |              |             |         |        | 1     | {             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
| Address:              |                   |              |             |         | Cont   |       | 0.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
|                       |                   |              |             |         | Fax I  |       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
|                       |                   |              |             |         | E-ma   | ail// |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
| 2. License informati  | ion:              |              | ,           |         | ,      | //    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
| a. Date of Registr    | ation with PNR    | A   / \      |             |         | 1      | }     |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
| b. License No.        |                   |              | c. Valio    | dity of | Licens | se    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
| 3. Any addition/redu  | uction in radioad | tive materia | I/radiation | genera  | ator:  |       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
| Yes                   | No                | 7/           |             |         | 7/~~   |       | ·             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
| If Yes:               |                   |              |             | (       |        |       | Second Second | and a second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |      |
|                       | s of sealed radio | pactive sour | ces:        |         |        |       |               | and a second sec |        |      |
| Radionuclide(s)       | Manufacturer      | Country      | of Origin   | Purpos  | se [   |       | Addit         | tion/R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | educt  | tion |
|                       |                   |              |             | $\sim$  |        | _     |               | and the second se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |      |
|                       |                   |              |             |         | 5-     |       |               | and the second second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |      |
|                       |                   | 1            |             |         |        | 5     |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
| b. Provide details    | s of unsealed ra  | dioactive so | ources:     |         |        |       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |      |
| Radionuclide(s)       | Manufacturer      | Activity     | to be       |         |        | Pur   | pose          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | dition |      |
|                       | //                | procured/o   | rdered per  | of O    | rigin  | - And |               | Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ductio | on   |

| procured/ordered per month | of Origin |                                         | Reduction |
|----------------------------|-----------|-----------------------------------------|-----------|
|                            |           |                                         |           |
|                            |           |                                         |           |
|                            |           |                                         |           |
|                            |           | procured/ordered per of Origin<br>month |           |

c. Provide details of radiation generator:

| Apparatus<br>Type | Manufacturer | Maximum<br>Voltage<br>(kV) | Maximum<br>Current<br>(mA) | Country<br>of<br>Origin | Purpose | Addition/ Reduction |
|-------------------|--------------|----------------------------|----------------------------|-------------------------|---------|---------------------|
|                   |              | ()                         |                            |                         |         |                     |
|                   |              |                            |                            |                         |         |                     |
|                   |              |                            |                            |                         |         |                     |

d. Provide details of devices containing radioactive material

| Device Material Origin Reduction | Туре   | of | Sr./ID. No. | Model No. | Manufacturer | Shielding | Country | of | Addition/ |
|----------------------------------|--------|----|-------------|-----------|--------------|-----------|---------|----|-----------|
|                                  | Device |    |             |           |              | Material  | Origin  |    | Reduction |

 Image: Sector of the sector

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

Yes

Provide details below:

| Name | Designation | CNIC No. | Age | Qualification | Experience/ | Left / |
|------|-------------|----------|-----|---------------|-------------|--------|
|      |             |          |     |               | Training    | Joined |
|      |             |          |     |               |             |        |
|      |             |          |     |               | ſ           |        |
|      | ()          |          |     |               |             |        |

5. Status of previous inspection recommendations:

No

6. <u>Reference/brief of radiation incident/accident occurred during previous licensing period (if any)</u>:

- 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>
    - 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.: | <br> |  |
|---------------------------|------|--|
| 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:\_\_\_\_\_

#### FORM NO. 10-B

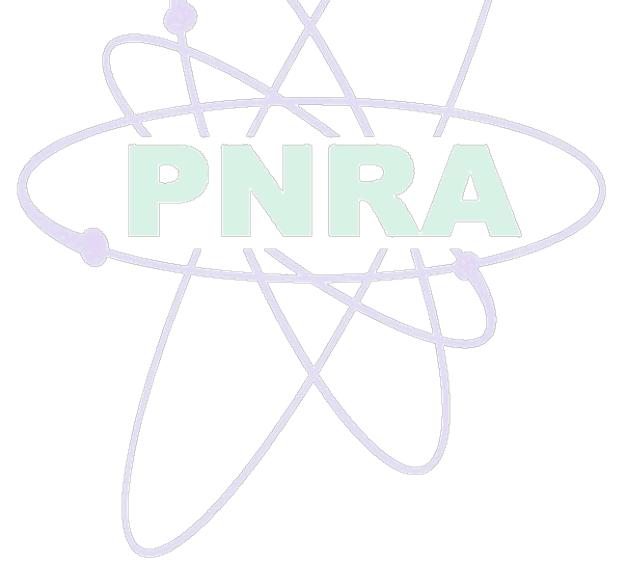
Please check the following documents are attached/submitted:

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

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

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
   Phone No.: 0459-924294
   Fax No.: 0459-924308
   Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org





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. <u>License information</u> :                  |                   |             |
| a. Date of Registration with PNRA                |                   |             |
| b. License No.                                   | c. Validity o     | f License   |
| 3. Any addition/reduction in radioactive materia | al/radiation gene | erator:     |
| Yes 🖸 No 🗍                                       |                   |             |
| If Yes.                                          |                   | 11          |

a. Provide details of sealed radioactive source (SRS) (therapeutic/calibration/blood irradiation source):

| Radionuclide(s) | Source  | Model | Manufacturer | Activity with | Category | Country | Addition/ |
|-----------------|---------|-------|--------------|---------------|----------|---------|-----------|
|                 | ID. No. | No.   |              | Reference     | of SRS   | of      | Reduction |
|                 |         |       |              | Date <        |          | Origin  | }}        |
|                 |         |       |              |               |          |         |           |
|                 |         |       |              | 7 5           |          |         |           |
|                 |         |       |              |               | -        |         |           |

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 | Sr./ID. | Model | Manufacturer | Maximum        | Country | New/        | Addition/ |
|-----------|---------|-------|--------------|----------------|---------|-------------|-----------|
| Туре      | No.     | No.   |              | Voltage/Energy | of      | Refurbished | Reduction |
|           |         |       |              |                | Origin  |             |           |
|           |         |       |              |                |         |             |           |
|           |         |       |              |                |         |             |           |
|           |         |       |              |                |         |             |           |

d. Provide details of radiation generator in diagnostic radiology (conventional, mammography etc.):

#### FORM NO. 11-B

| Apparatus<br>type | Sr./ID.<br>No. of X-<br>ray Tube | No. | Manufacturer | Maximum<br>Voltage<br>(kV) | Maximum<br>Current<br>(mA) | New/<br>Refurbished | Addition/<br>Reduction |
|-------------------|----------------------------------|-----|--------------|----------------------------|----------------------------|---------------------|------------------------|
|                   | -                                |     |              |                            |                            |                     |                        |
|                   |                                  |     |              |                            |                            |                     |                        |
|                   |                                  |     |              |                            |                            |                     |                        |

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

| Apparatu<br>s Type | Sr./I.D.<br>No. | Mode<br>I No. | Manufacture<br>r | Country of Origin | Date of Calibration<br>(If Required) | Addition/<br>Reductio<br>n |
|--------------------|-----------------|---------------|------------------|-------------------|--------------------------------------|----------------------------|
|                    |                 |               |                  |                   |                                      |                            |
|                    |                 | 1             |                  |                   |                                      |                            |
|                    |                 |               |                  |                   |                                      |                            |

5. <u>Any change in particulars of Employed Professionals (Radiation Oncologist(s)/Nuclear</u> <u>Physician(s)/Radiologist(s) Medical Physicist(s)/Radiation Protection Officer(s)/Radiation</u> <u>Technologist(s)etc.</u>):

Yes No If Yes:

Provide details below:

| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Designation                           | CNIC No. | Age | Qualification              | Experience/ | Left /    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------|-----|----------------------------|-------------|-----------|
| and the second sec | · · · · · · · · · · · · · · · · · · · |          |     |                            | Training    | Joined    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |          |     |                            |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |          | ) ( | $\langle / \Delta \rangle$ |             | $\rangle$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |          |     |                            |             |           |

6. Status of previous inspection recommendations:

<u>Reference/brief of radiation incident/accident occurred during previous licensing period (if any)</u>:

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 License                                                 | ee:    |   |    |   |
|--------------------------------------------------------------------------|--------|---|----|---|
| Dat                                                                      | ed:    |   |    |   |
| Stamp of O                                                               | ffice: |   |    |   |
|                                                                          |        |   |    |   |
|                                                                          |        |   |    |   |
| Please check the following documents are attached/submitted:             |        |   |    |   |
| i. Updated list along with annual dose record of radiation workers       | Yes    |   | No |   |
| ii. Updated inventory of radioactive material/radiation generator        | Yes    | Ц | No | Ц |
| iii. List of updated/revised documents e.g. RPP, etc.(if any)            | Yes    |   | No |   |
| iv. Copy of CNIC(s) of newly appointed radiation workers                 | Yes    |   | No |   |
| v. Qualification and experience certificate of newly appointed worker(s) | Yes    |   | No |   |
| vi. Pay Order/Bank Draft/Copy of Bank Challan                            | Yes    |   | No |   |

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

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



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 t | the licensee:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                   |           |
|---------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------|-------------------|-----------|
| Name                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CNIC No.     |                  |                   |           |
| Passport No. (Ir    | n case of foreig     | ner licensee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | 5 5 5 5 5        |                   |           |
| Designation         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                   |           |
| Address:            |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Contact          | No.               |           |
|                     |                      | and the second s |              | Fax No.          | 4                 |           |
|                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | E-mail           | 1                 |           |
| 2. License inform   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  | /                 |           |
|                     | istration with P     | NRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                  | 1                 |           |
| b. License No.      |                      | $\longrightarrow$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | c. Valio     | dity of License  |                   |           |
| 3. Any addition/re  | eduction in rad      | ioactive materi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | al/radiation | generator:       |                   |           |
| Yes                 | No                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                   |           |
| If Yes:             |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | /                |                   |           |
| a. Provide de       | tails of radioad     | tive material:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                  |                   |           |
| Type of F           | Radionuclide(s)      | Physical C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | hemical      | Maximum          | Use of A          | ddition/  |
| Radioactive         |                      | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ormi         | amount that will |                   | eduction  |
| Source              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | be processed     |                   |           |
| (SRS/USRS)          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | per batch        |                   | //        |
|                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                   |           |
|                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1            | 1 5-             |                   |           |
|                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | T                |                   |           |
| b Provide det       | ails of radiation    | a deperator:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                  |                   |           |
| I                   | 11                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  | · • • • • • • • • |           |
|                     | laximum Curre<br>nA) | ent Maximum<br>(kV)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Voltage L    | Jse of Equipmer  | nt Addition/F     | Reduction |
|                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                   |           |
|                     |                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                  |                   |           |
|                     | 1                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                   |           |
| 4. Any change       | in particula         | rs of Emplo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | oved Profe   | essionals (Rad   | iation Prote      | ction     |
|                     | iation Worker(s      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                   |           |
| Yes 🗌               | No 🗌                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                   |           |
| If Yes:             |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                   |           |
| Provide details     | s below:             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                  |                   |           |
| Name                |                      | CNIC No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 100          | Qualification    | Experience/       | Left /    |
|                     | Designation          | CINIC INU.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Age          | Quanneation      | Training          | 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 No ii. Updated inventory of radioactive material/radiation generator Yes No iii. List of updated/revised documents e.g. RPP, etc.(if any) Yes No iv. Copy of CNIC(s) of newly appointed radiation workers Yes No v. Qualification and experience certificate of newly appointed worker(s) Yes No vi. Pay Order/Bank Draft/Copy of Bank Challan Yes No Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority. For details please contact your respective Regional Nuclear Safety Directorate (RNSD): RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org RNSD-II. Chashma Site, Kundian, District Mianwali Fax No.: 0459-924308 Email: rnsd2@pnra.org Phone No.: 0459-924294 RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org RSD, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
  - Phone No.: 051-9261737 Fax No.: 051-9262019



P. O. Box No. 1912, Islamabad

## <u>APPLICATION FORM FOR RENEWAL OF LICENSE FOR</u> <u>RADIOIMMUNOASSAY</u>

1. Particulars of the licensee:

|                        |                              | 1              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|------------------------|------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name                   |                              | CNIC No.       | and the second s |         |
| Passport No. (In ca    | se of foreigner licensee)    | }              | J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| Designation            |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| Address:               |                              |                | Contact N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | lo.     |
|                        |                              |                | Fax No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | { }     |
|                        |                              |                | E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
| 2. License information | <u>on</u> :                  |                | //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| a. Date of Registra    | ation with PNRA              | /              | //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| b. License No.         | $\bigcirc$ $\lor$            | c. Validity o  | f License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |
| 3. Any addition/reduc  | ction in radioactive materia | and equipment: | //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| Yes                    | No                           |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
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| If Yes:                |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| a. Provide details     | s of radioactive material:   |                | June 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
| Radionuclide(s)        | Pharmaceutical to be labe    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Purpose |
|                        |                              | purchased p    | per month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |
| //                     |                              |                | ( A )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |
|                        |                              | $ln \leq 1$    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
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| h Drovido dotaila      |                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |

b. Provide details of equipment:

| Apparatus<br>Type | Sr./I.D.<br>No. | Model No. | Manufacturer | Country of Origin | Addition/Reduction |
|-------------------|-----------------|-----------|--------------|-------------------|--------------------|
|                   |                 |           |              |                   |                    |
|                   |                 |           | X            |                   |                    |

- 4. <u>Any change in particulars of Employed Professionals (Radiation Protection</u> <u>Officer(s)/Radiation Workers(s) etc.)</u>:
  - Yes No

If Yes:

Provide details below:

| Name | Designation | CNIC No. | Age | Qualification |          | Left / |
|------|-------------|----------|-----|---------------|----------|--------|
| ų    |             |          |     |               | Training | 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 No ii. Updated inventory of radioactive material/radiation generator Yes No iii. List of updated/revised documents e.g. RPP, etc.(if any) Yes No iv. Copy of CNIC(s) of newly appointed radiation workers Yes No v. Qualification and experience certificate of newly appointed worker(s) Yes No vi. Pay Order/Bank Draft/Copy of Bank Challan Yes No Note: Use supplemental sheets where necessary. Mail the completely filled Application Form along with above mentioned documents to the concerned Regional Directorate of the Authority. For details please contact your respective Regional Nuclear Safety Directorate (RNSD): RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Email: rnsd1@pnra.org Phone No.: 051-9263019 Fax No.: 051-9263009 RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



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:                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
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| Name                                              | CNIC No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ЛИП                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
| Passport No. (In case of foreigner licensee       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
| Designation                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
| Address:                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Contact                 | No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |  |  |
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| 2. License information:                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
| a. Date of Registration with PNRA                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         | r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |  |  |
| b. License No.                                    | c. Validi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ty of License           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
| 3. Any addition/reduction in radiation genera     | ator:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
| Yes No                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | //                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
| If Yes:                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
| Provide details of radiation generator:           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
| Type of Radiation Sr./ID. No. of Model            | Manufacture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | r Maximum               | Maximum A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ddition/         |  |  |
| Generator X-ray Tube No.                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Voltage                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eduction         |  |  |
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| 4. Any change in particulars of Employed Pr       | ofessionals (R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | adiation Worke          | er(s)):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |  |  |
| Yes 🗆 No 🗆                                        | 7~~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
| If Yes:                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         | J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |  |  |
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| Provide details below:                            | 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Qualification           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
| Name         Designation         CNIC No.         | Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Qualification           | Experience/<br>Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Left /<br>Joined |  |  |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         | Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Julieu           |  |  |
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|                                                   | and the second sec |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
| 5. Status of previous inspection recommendations: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |  |
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| 6. Reference/brief of radiation incident occu     | <u>rred during</u> pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>vious lice</u> nsino | <u>n period (i</u> f any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |  |  |
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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 Lundertake 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 Area Yes Area No Area II. Updated inventory of radiation generator |
| iii. Copy of CNIC(s) of newly appointed radiation workers Yes Yes No                                                                  |

- iii. Copy of CNIC(s) of newly appointed radiation workers
- iv. Qualification and experience certificate of newly appointed worker(s)
- v. Pay Order/Bank Draft/Copy of Bank Challan

i. {

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

For details please contact your respective Regional Nuclear Safety Directorate (RNSD):

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Email: rnsd3@pnra.org Fax No.: 021-99266280

Yes

Yes

No

No



P. O. Box No. 1912, Islamabad

## <u>APPLICATION FORM FOR RENEWAL OF LICENSE FOR USE OF</u> <u>NUCLEAR/X-RAY ANALYZER/DETECTOR</u>

| 1. Particulars          | of the licensee:   |              |           |          |               |           |         |           |
|-------------------------|--------------------|--------------|-----------|----------|---------------|-----------|---------|-----------|
| Name                    |                    |              |           | CNIC N   | o.            |           |         |           |
| Passport No.            | (In case of fore   | igner licer  | nsee)     |          | }             |           |         | <u> </u>  |
| Designation             |                    |              |           |          | 1             |           |         |           |
| Address:                |                    |              |           | /        |               | Contact N | 0.      |           |
|                         |                    | and a second |           |          | -             | Fax No.   | 1       |           |
|                         |                    |              |           |          |               | E-mail    | 1       |           |
| 2. License information: |                    |              |           |          |               |           |         |           |
|                         | egistration with I | PNRA         |           | 1        |               | //        |         |           |
| b. License N            | lo.                |              | X         | c. Va    | lidity of L   | icense    |         |           |
| 3. Any additio          | n/reduction in nu  | iclear/x-ra  | y analy   | zer/dete | <u>ctor</u> : | //        |         |           |
| Yes                     |                    |              |           |          |               | 11        |         |           |
| If Yes:                 |                    |              | 2         |          |               |           |         |           |
|                         |                    |              | 1         |          |               | Jhan      |         |           |
| a. Provide              | details of nuclea  | ar analyze   | er/detect | ior:     | 1             |           |         |           |
|                         | Radionuclide(s)    | Source       | Manuf     | acturer  | Initial       | Present   | Country | Addition/ |
| Analyzer                |                    | ID. No.      |           |          | Activity      | Activity  | of      | Reduction |
| /Detector               |                    |              |           |          | with          | with      | Origin  |           |
|                         |                    |              |           | $\frown$ | Date          | Date      |         |           |
|                         |                    |              |           | 1        |               |           |         |           |
|                         |                    |              |           |          |               |           |         | 2°        |
|                         |                    | 1            |           |          |               | アイ        |         |           |
| b. Provide              | details of X-Ray   | Analyzer/    | Detecto   | r.       |               |           |         |           |

| Type of<br>Analyzer<br>/Detector | Sr./ID.<br>No. | Model<br>No. | Manufacturer | Maximum<br>Voltage<br>(kV) | Maximum<br>Current<br>(mA) | Country<br>of<br>Origin | Addition/<br>Reduction |
|----------------------------------|----------------|--------------|--------------|----------------------------|----------------------------|-------------------------|------------------------|
|                                  |                |              | $\sim$       |                            |                            |                         |                        |
|                                  |                |              |              |                            |                            |                         |                        |
|                                  |                |              |              |                            |                            |                         |                        |

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

| Yes   | No |  |
|-------|----|--|
| 16.37 |    |  |

If Yes:

Provide details below:

| Name | Designation | CNIC No. | Age | Qualification | Experience/<br>Training | Left /<br>Joined |
|------|-------------|----------|-----|---------------|-------------------------|------------------|
|      |             |          |     |               | rianniy                 | Juilleu          |
|      |             |          |     |               |                         |                  |
|      |             |          |     |               |                         |                  |
|      |             |          |     |               |                         |                  |
|      |             |          |     |               |                         |                  |
|      |             |          |     |               |                         |                  |
|      |             |          |     |               |                         |                  |

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:                     |    | 11         |  |
| Date:                       | 2  | <i>{ }</i> |  |
| Name of the Bank:           |    | 8          |  |
|                             | // | //         |  |

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:<br>Dated:                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Stamp of Office:                                                                                                                                       |
| Please check the following documents are a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ttached/submitted:                                                                                                                                     |
| <ul> <li>i. Updated list along with annual dose recording the inventory of radioactive material/reliance in the inventory of radioactive material/reliance in the inventory of radioactive material/reliance in the inventory of th</li></ul> | adiation generator     Yes     No       P, etc.(if any)     Yes     No       ion workers     Yes     No       newly appointed worker(s)     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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org RNSD-II, Chashma Site, Kundian, District Mianwali
- Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org

#### 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) |       |  |  |  |  |                          |     |  |   |    |     |      |     |  |  |  |  |
| Designa                                      | ation |  |  |  |  |                          |     |  |   |    |     |      |     |  |  |  |  |
| Address                                      | s:    |  |  |  |  |                          |     |  | С | on | tac | ct N | ٧o. |  |  |  |  |
|                                              |       |  |  |  |  |                          |     |  | F | ах | No  | ).   |     |  |  |  |  |
|                                              |       |  |  |  |  | $\underline{\mathbf{N}}$ |     |  | E | -m | ail |      |     |  |  |  |  |

#### 2. License Information:

| а. | Date of Registra | ation with |  |                        |  |
|----|------------------|------------|--|------------------------|--|
|    | PNRA             |            |  |                        |  |
| b. | License No.      |            |  | c. Validity of License |  |

3. Technical Specification:

| Sr. |          | of | Sr./ID.   | Model | Manu | ufactur  | er     | Maximum | Maximum | New/ |
|-----|----------|----|-----------|-------|------|----------|--------|---------|---------|------|
| No. | Radiatio | n  | No. of X- | No.   | &    | Date     | of     | Voltage | Current | Used |
|     | Generat  | or | ray Tube  |       | Manu | ufacturi | ng     | (kV)    | (mA)    |      |
|     |          |    |           |       |      |          | )      |         |         |      |
|     |          |    |           |       |      | _        |        |         |         |      |
|     |          |    |           |       |      |          |        |         |         |      |
|     |          |    |           |       |      |          |        |         |         |      |
|     |          |    |           |       |      |          |        |         |         |      |
|     |          |    |           |       |      |          | $\sim$ |         |         |      |
|     |          |    |           |       |      |          |        |         |         |      |

#### 4. Administrative Information:

| a. | Purpose of import                  |  |
|----|------------------------------------|--|
| b. | Expected date of import            |  |
| C. | Name & address of<br>exporter      |  |
| d. | Name & address of<br>Supplier      |  |
| e. | Country of origin                  |  |
| f. | Mode of shipment<br>(Air/Sea/Land) |  |

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

5. Location for Installation/Use of Radiation Generator:

(Address including Tehsil & District)

| 6. Any other Information:                                                                                                                                                                             |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| o. <u>Any other information</u> .                                                                                                                                                                     |                               |
|                                                                                                                                                                                                       |                               |
|                                                                                                                                                                                                       |                               |
| 7. <u>Authorization Fee Information</u> :                                                                                                                                                             |                               |
| <ul> <li>Authorization fee may be submitted via Askari Bank (A<br/>challan may be obtained from respective Regional Direc<br/>from: <u>https://www.pnra.org/bankChalanActivityType.asp</u></li> </ul> | torate or may be downloaded   |
| OR                                                                                                                                                                                                    |                               |
| b) Authorization fee may be submitted via Pay Order/Ban<br>Finance PNRA, Islamabad". Please provide the followir                                                                                      |                               |
| 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:                        |
| Stam                                                                                                                                                                                                  | p of Office:                  |
|                                                                                                                                                                                                       |                               |
|                                                                                                                                                                                                       |                               |
| Please check the following documents are attached/submitted:                                                                                                                                          |                               |
| i. Airway bill/bill of lading                                                                                                                                                                         | Yes No                        |
| ii. Commercial invoice<br>iii. Packing list                                                                                                                                                           | Yes No                        |
| iv. Technical specification sheet of radiation generator                                                                                                                                              | Yes 🗌 No 🗍                    |
| <ul> <li>v. Sale/stock report of radiation equipment in case of importers</li> <li>vi. Fitness certificate in case of used/refurbished</li> </ul>                                                     | Yes No<br>Yes No              |
| radiation generator                                                                                                                                                                                   |                               |
| vii. Pay Order/Bank Draft/Copy of Bank Challan                                                                                                                                                        | Yes 🗌 No 📋                    |
|                                                                                                                                                                                                       |                               |
| * 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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: <u>rnsd1@pnra.org</u>
   RNSD-II, Chashma Site, Kundian, District Mianwali
- Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u> • **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
- Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



P. O. Box No. 1912, Islamabad

## <u>APPLICATION FORM TO OBTAIN NO OBJECTION CERTIFICATE (NOC)\* FOR</u> <u>THE IMPORT OF RADIOACTIVE SOURCES(S)/MATERIAL/CONTAINER/</u> <u>DEVICES CONTAINING RADIOACTIVE MATERIAL</u>

- 1. Particulars of the Licensee:

   Name
   CNIC No.

   Passport No. (In case of foreigner licensee)

   Designation

   Address:

   E-mail
- 2. License Information:
  - a. Date of Registration with PNRA

     b. License No.

     c. Validity of License

#### 3. <u>Technical Information</u>:

|   | i.    | Name of radioactive source(s)/material                                                                                                 |
|---|-------|----------------------------------------------------------------------------------------------------------------------------------------|
|   | ii.   | Name of device containing radioactive material                                                                                         |
|   | iii.  | Radioactive source(s) identification no(s). along with<br>copy of manufacturer certificate(s)                                          |
|   | iv.   | Sealed or unsealed                                                                                                                     |
|   | V.    | Physical form of source(s)/material                                                                                                    |
| ĺ | vi.   | Chemical composition                                                                                                                   |
|   | vii.  | Number of radioactive sources along with Activity of<br>each source or total quantity of radioactive material<br>at the time of import |
|   | viii. | Certificate of package/container according to PNRA<br>Transport Regulations (PAK/916)                                                  |
|   | ix.   | Identification mark of the package/container                                                                                           |
|   | х.    | Type of the package/container                                                                                                          |
|   | xi.   | Category of the package/container                                                                                                      |
|   | xii.  | Transport index                                                                                                                        |
|   | xiii. | United Nations number with proper shipping name                                                                                        |
|   |       |                                                                                                                                        |

#### 4. Administrative Information:

| i.   | Purpose of import               |  |  |  |  |  |
|------|---------------------------------|--|--|--|--|--|
| ii.  | Expected date of import         |  |  |  |  |  |
| iii. | Name and address of exporter    |  |  |  |  |  |
| iv.  | Country of origin               |  |  |  |  |  |
| ۷.   | Mode of shipment (Air/Sea/Land) |  |  |  |  |  |

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

- 5. Any other Information:

  - ······
- 6. <u>Authorization Fee Information</u>:
  - 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 |   | No |   |
| ii.Packing list                                              | Yes | П | No | П |
| iii.Commercial invoice                                       | Yes |   | No |   |
| iv.Manufacturer's source certificate                         | Yes |   | No |   |
| v.Special form certificate of sealed radioactive source      | Yes |   | No |   |
| vi.Shipper's declaration of dangerous goods                  | Yes |   | No |   |
| vii.Package design certificate                               | Yes |   | No |   |
| viii.Copy of issued permit                                   | Yes |   | No |   |
| ix.Undertaking from manufacturer or supplier to accept       | Yes |   | No |   |
| the return of the source(s) after useful life                |     |   |    |   |
| x.Pay Order/Bank Draft/Copy of Bank Challan                  | Yes |   | No |   |
|                                                              |     |   |    |   |

#### \* 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: <u>rnsd1@pnra.org</u>  RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
 RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



P. O. Box No. 1912, Islamabad

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

| . 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 N | 0.               |
|---------------------|------------------|
| Address:            | Contact No.      |
|                     | Fax No.          |
|                     | E-mail           |
|                     | NTN No. (if any) |

4. <u>Technical Information of Radioactive Material/Radiation Generator</u>:

## a. Unsealed Radioactive Source (USRS)

| Sr.<br>No. | Radionuclide(s) | Pharmaceutical to be Labeled | Manufacture<br>r | Activity to be<br>Purchased per<br>week/month | Purpose |
|------------|-----------------|------------------------------|------------------|-----------------------------------------------|---------|
|            |                 |                              |                  |                                               |         |
|            |                 |                              |                  |                                               |         |
|            |                 |                              |                  |                                               |         |

b. Sealed Radioactive Source (SRS)

| Sr.<br>No. | Radionuclide(s) | Source<br>ID. No. | Manufacture<br>r | Reference<br>Activity<br>with Date | Purpos<br>e |
|------------|-----------------|-------------------|------------------|------------------------------------|-------------|
|            |                 |                   |                  | with Date                          |             |
|            |                 |                   |                  |                                    |             |
|            |                 |                   |                  |                                    |             |

## c. Radiation Generator

| Sr. | Туре      | of | Sr./ID.   | Model | Manufact- | Maximum | Maximum | New/        |
|-----|-----------|----|-----------|-------|-----------|---------|---------|-------------|
| No. | Radiati   | on | No. of X- | No.   | urer      | Voltage | Current | Refurbished |
|     | Generator |    | ray Tube  |       |           | (kV)    | (mA)    |             |
|     |           |    |           |       |           |         |         |             |
|     |           |    |           |       |           |         |         |             |
|     |           |    |           |       |           |         |         |             |

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

.....

.....

#### 6. Details of Package/Container:

| Type of<br>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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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:                   |  |
|                           |  |
| 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 docume    | nts are atta | ched/subr | mitted: |     |   |    |   |
| Pay Order/Bank D        |                     |              |           |         | Yes |   | No | E |
| Sealed Radioacti        | ve Source (SRS)     |              |           |         |     |   |    |   |
| i.Manufacturer so       | urce certificate    |              |           |         | Yes |   | No | [ |
| ii.Special form cer     | tificate            |              |           |         | Yes |   | No | [ |
| iii.Package design      | certificate         |              |           |         | Yes |   | No | [ |
| iv.Shipper's declar     | ation of dangerou   | is goods (if | required) |         | Yes |   | No | [ |
| <b>Unsealed Radioa</b>  | ctive Source (US    | SRS)         |           |         |     |   |    |   |
| i. Manufacturer s       | source certificate  |              |           |         | Yes |   | No | [ |
| ii.Package design       | certificate         |              |           |         | Yes |   | No | [ |
| <b>Radiation Genera</b> | ator                |              |           |         |     |   |    |   |
| i.Technical specif      | ication sheet of ra | adiation ger | nerator   |         | Yes |   | No | [ |
| ii.Fitness certificat   | e in case of used   | /refurbished | / k       |         | Yes |   | No | [ |
| radiation gene          | rator               |              |           |         |     |   |    |   |
|                         |                     | <b>_</b>     |           |         |     |   |    |   |

#### \*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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
- Phone No.: 051-9263019Fax No.: 051-9263009Email: rnsd1@pnra.org• RNSD-II, Chashma Site, Kundian, District Mianwali
- Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u> **RNSD-III**, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
- Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



P. O. Box No. 1912, Islamabad

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

1. Particulars of the Licensee:

| Name         |                            | CNIC  | No. |  |     |      |     |     |  | 1 |  | Γ |
|--------------|----------------------------|-------|-----|--|-----|------|-----|-----|--|---|--|---|
| Passport No. | (In case of foreigner lice | nsee) |     |  |     |      | 1   |     |  |   |  |   |
| Designation  |                            |       |     |  |     |      |     |     |  |   |  |   |
| Address:     |                            |       |     |  | Cor | ntac | t N | lo. |  |   |  |   |
|              |                            |       |     |  | Fax | No   | ).  |     |  |   |  |   |
|              |                            |       |     |  | E-m | nail |     |     |  |   |  |   |

#### 2. License Information:

| a. Date of Registrat | ion with PNRA |                        |  |
|----------------------|---------------|------------------------|--|
| b. License No.       |               | c. Validity of License |  |

#### 3. Technical Information:

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

#### 4. Administrative Information:

| i.   | Purpose of Export                 |
|------|-----------------------------------|
| ii.  | Expected date of Export           |
| iii. | Name and address of Consignee     |
| iv.  | Country of destination            |
| ٧.   | Name and address of carrier/agent |
| vi.  | Mode of shipment (Air/Sea/Land)   |

5. Any other Information:

#### 6. <u>Authorization Fee Information</u>:

| 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/Ba | Pay Order/Bank Draft No.: |  |  |  |  |  |  |  |  |  |  |
|--------------|---------------------------|--|--|--|--|--|--|--|--|--|--|
| Amount:      |                           |  |  |  |  |  |  |  |  |  |  |
| Date:        | ,                         |  |  |  |  |  |  |  |  |  |  |
| Name of the  |                           |  |  |  |  |  |  |  |  |  |  |

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

|                  |                           |                 | Signature of th | e Licensee:   |    |  |
|------------------|---------------------------|-----------------|-----------------|---------------|----|--|
|                  |                           |                 |                 | Dated:        |    |  |
|                  |                           |                 | Star            | mp of Office: |    |  |
|                  |                           |                 |                 |               |    |  |
| Please check Pay | <sup>,</sup> Order/Bank D | raft/Copy of Ba | ink 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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
   Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



P. O. Box No. 1912, Islamabad

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

1. Particulars of the Licensee:

| Name                                         | CNIC No. |           |    |  |  |  |  |  |  |
|----------------------------------------------|----------|-----------|----|--|--|--|--|--|--|
| Passport No. (In case of foreigner licensee) |          |           |    |  |  |  |  |  |  |
| Designation                                  |          |           |    |  |  |  |  |  |  |
| Address:                                     |          | Contact N | 0. |  |  |  |  |  |  |
|                                              |          | Fax No.   |    |  |  |  |  |  |  |
|                                              |          | E-mail    |    |  |  |  |  |  |  |

- 2. License Information:
  - a. Date of Registration with PNRA

     b. License No.

     c. Validity of License

#### 3. <u>Technical Information</u>:

| _ |       |                                                                                                                                        |
|---|-------|----------------------------------------------------------------------------------------------------------------------------------------|
|   | i.    | Name of radioactive source(s)/material                                                                                                 |
|   | ii.   | Name of device containing radioactive material                                                                                         |
|   | iii.  | Radioactive source(s) identification no(s). along with<br>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<br>each source or total quantity of radioactive material<br>at the time of export |
|   | viii. | Certificate of package/container according to PNRA<br>Transport Regulations (PAK/916)                                                  |
|   | ix.   | Identification mark of the package/container                                                                                           |
|   | х.    | 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<br>a. Dry<br>b. Wet                                                                         |

4. Administrative Information:

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

| ii.  | Expected date of Export                                                                                                             |
|------|-------------------------------------------------------------------------------------------------------------------------------------|
| iii. | Name and address of Consignee                                                                                                       |
| iv.  | Country of destination                                                                                                              |
| ٧.   | 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:

 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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 C | order/Ban | k Dra | ft No. | : | <br> |           | <br> | <br> | <br> |  |
|-------|-----------|-------|--------|---|------|-----------|------|------|------|--|
| Amou  | nt:       |       |        |   | <br> | <u></u> . | <br> | <br> | <br> |  |
| Date: |           |       |        |   | <br> |           | <br> | <br> | <br> |  |
|       |           |       |        |   |      |           |      |      |      |  |
|       |           |       |        |   |      |           |      |      |      |  |

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

| Signature of the                                                                                  | License  | e:  |    |  |
|---------------------------------------------------------------------------------------------------|----------|-----|----|--|
|                                                                                                   | Date     | ed: |    |  |
| Stamp                                                                                             | of Offic | ce: |    |  |
|                                                                                                   |          |     |    |  |
| Please check the following documents are attached/submitted:                                      |          |     |    |  |
| i.Manufacturer's source certificate<br>(for only sealed radioactive source(s))                    | Yes      |     | No |  |
| ii.Special form certificate of radioactive source                                                 | Yes      |     | No |  |
| iii.Shipper's declaration of dangerous goods                                                      | Yes      |     | No |  |
| iv.Package design certificate                                                                     | Yes      |     | No |  |
| v.Authorization/NOC issued by destination country<br>(up to category-3 sealed radioactive source) | Yes      |     | No |  |
| vi.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.

- **RNSD-I**, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: <u>rnsd1@pnra.org</u>
- RNSD-II, Chashma Site, Kundian, District Mianwali

Phone No.: 0459-924294Fax No.: 0459-924308Email: rnsd2@pnra.org• RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi<br/>Phone No.: 021-99266282Fax No.: 021-99266280Email: rnsd3@pnra.org



P. O. Box No. 1912, Islamabad

# <u>APPLICATION FORM TO OBTAIN NO OBJECTION CERTIFICATE (NOC)\*</u> FOR THE REUSE OF DISUSED SEALED RADIOACTIVE SOURCE (DSRS)

1. <u>Particulars of the applicant/licensee</u>:

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

## 2. <u>License information</u>:

 a. Date of Registration with PNRA

 b. License No.

 c. Validity of License

## 3. Information about DSRS to be reused:

| Radioisotope | Source ID. | Reference Activity | Category of | Physical | Designed for |
|--------------|------------|--------------------|-------------|----------|--------------|
|              | No.        | with date          | SRS         | Form     | (Purpose)    |
|              |            |                    |             |          |              |
|              |            |                    |             | 7/       |              |
|              |            |                    |             |          |              |
|              |            |                    |             |          |              |

## 4. Administrative/Technical information:

| i.   | Purpose of reuse of DSRS                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
|      | Detailed justification for reuse of DSRS:                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |
| ii.  |                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
|      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
| 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<br>DSRS from the existing facility to the new facility                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| vi.  | <ul> <li>Whether any modification in the existing practice device is required? Yes / No</li> <li>If yes, attach the followings: <ul> <li>Modification and its justification details</li> <li>Certificate from relevant organization/qualified person to show that such modification in the device is in line with the applicable standard(s)</li> </ul> </li> </ul> |  |  |  |  |  |  |  |  |  |  |  |

#### 5. <u>Any other information</u>:

.....

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

| Signature of the applicant/lice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nsee:    |          |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-------|
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | )ated:   |          |       |
| Stamp of Office Seal of Office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |          |       |
| Please check the following documents are attached/submitted:         i. Copy of manufacture's source certificate of DSRS       Yes         (if DSRS is not taken from disposal facility)         ii. Overall plan/strategy for the reuse of DSRS       Yes         including the following information but not limited to:         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) |          | No       |       |
| * NOC is granted to valid license holder of PNRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | _        |       |
| Note: Use supplemental sheets where necessary. Mail the completely filled App                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | licatior | ו Form a | along |

with above mentioned documents to the concerned Regional Directorate of the Authority.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



P. O. Box No. 1912, Islamabad

# APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSFER/SALE OF RADIOACTIVE SOURCE/RADIATION <u>GENERATOR</u>

 1. Particulars of the Transferor:

 Name
 CNIC No.

 Passport No. (In case of foreigner licensee)

 Designation

 Facility Name

 Address:

 Contact No.

 Fax No.

 E-mail

 a. License No.

 b. Validity of License:

## 2. Particulars of the Transferee\*:

|                  |                | 0       |        | 1 1    | <u> </u> |     | 1 1 | <u> </u> |  |
|------------------|----------------|---------|--------|--------|----------|-----|-----|----------|--|
| Name             |                | CNIC N  | lo.    |        |          |     |     |          |  |
| Designation      |                |         |        |        |          |     |     |          |  |
| Facility Name    |                | License | e No.  |        |          |     |     |          |  |
| Address:         |                |         |        | C      | ontact I | No. |     |          |  |
|                  |                |         |        | F      | ax No.   |     |     |          |  |
|                  |                |         |        | E      | -mail    |     |     |          |  |
| Date of Licens   | sing with PNRA |         |        |        |          | Δ   |     |          |  |
| License No.      |                | Date    | of Iss | suance |          |     |     |          |  |
| Validity of Lice | ense           |         |        |        |          |     |     |          |  |
|                  |                |         |        |        |          |     |     |          |  |

### 3. Specifications of Radioactive Source/Radiation Generator:

#### a. Radioactive Source(s)

| Sr. | Radionuclide(s) | Source  | Model | Manufacture | Reference | Categ  | Countr |
|-----|-----------------|---------|-------|-------------|-----------|--------|--------|
| No. |                 | ID. No. | No.   | r           | Activity  | ory of | y of   |
|     |                 |         |       |             | with Date | SRS    | Origin |
|     |                 |         |       |             |           |        |        |
|     |                 |         |       |             |           |        |        |
|     |                 |         |       |             |           |        |        |
|     |                 |         |       |             |           |        |        |

#### b. Radiation Generator

| Sr. | Туре  |      | Sr./ID. No. |     | Manufact | Maximu  | Maximu  | New/        |
|-----|-------|------|-------------|-----|----------|---------|---------|-------------|
| No. | Radia |      | of X-ray    | No. | -urer    | m       | m       | Refurbished |
|     | Gener | ator | Tube        |     |          | Voltage | Current |             |
|     |       |      |             |     |          | (kV)    | (mA)    |             |
|     |       |      |             |     |          |         |         |             |
|     |       |      |             |     |          |         |         |             |
|     |       |      |             |     |          |         |         |             |
|     |       |      |             |     |          |         |         |             |

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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: <u>rnsd1@pnra.org</u>
- RNSD-II, Chashma Site, Kundian, District Mianwali
   Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



P. O. Box No. 1912, Islamabad

# APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSFER OF RADIOACTIVE MATERIAL TO RADIOACTIVE WASTE MANAGEMENT FACILITY

| CNIC No.                                                         |           |                              |                          |                          |                          |                          |                          |
|------------------------------------------------------------------|-----------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Passport No. (In case of foreigner licensee)         Designation |           |                              |                          |                          |                          |                          |                          |
|                                                                  |           |                              |                          |                          |                          |                          |                          |
|                                                                  | Contact N | 0.                           |                          |                          |                          |                          |                          |
|                                                                  | Fax No.   |                              |                          |                          |                          |                          |                          |
|                                                                  | E-mail    |                              |                          |                          |                          |                          |                          |
|                                                                  |           | see)<br>Contact N<br>Fax No. | See) Contact No. Fax No. |

#### 2. License Information:

Particulars of the Licensee

 a. Date of Registration with PNRA

 b. License No.

 c. Validity of License

## 3. Specifications of Radioactive Material:

#### a. Sealed Radioactive Source (SRS)

| Sr.<br>No | Radion<br>s) | uclide( |  | Model<br>No. | Ma<br>tur | ac- | Activity with Re |  |   | egory<br>SRS | Countr<br>y of |
|-----------|--------------|---------|--|--------------|-----------|-----|------------------|--|---|--------------|----------------|
|           |              |         |  |              |           |     | Date             |  |   |              | Origin         |
|           |              |         |  |              |           |     |                  |  | Δ |              |                |
|           |              |         |  |              |           |     |                  |  |   |              |                |
|           |              |         |  |              |           |     |                  |  |   |              |                |

### b. Unsealed Radioactive Source (USRS)

| Sr. | Radionuclide(s) | Chemical | Physical | Total    | Total  |
|-----|-----------------|----------|----------|----------|--------|
| No. |                 | Form     | Form     | Activity | Volume |
|     |                 |          |          |          |        |
|     |                 |          |          |          |        |
|     |                 |          |          |          |        |
|     |                 |          |          |          |        |

- 4. <u>Check the applied Radioactive Waste Management Facility:</u>
  - 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: \_\_\_\_\_

 $\square$ 

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

Please check the following documents are attached/submitted:

- i. Manufacturer source certificate of DSRS
- ii. Package design certificate for sealed radioactive sources (if applicable)

| res | No |  |
|-----|----|--|
| res | 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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
   Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
   PNSD III 42 C 24th Commercial Street, Phase II Ext, DHA Karashi
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



1

Particulars of the Licensee:

Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

## <u>APPLICATION FORM TO OBTAIN AUTHORIZATION FOR</u> <u>DECOMMISSIONING OF RADIATION FACILITY</u>

|     | <u>. a </u>                                                     |                           |                                                                  |
|-----|-----------------------------------------------------------------|---------------------------|------------------------------------------------------------------|
|     | Name                                                            | CNIC No.                  |                                                                  |
|     | Passport No. (In case of fore                                   | igner licensee)           |                                                                  |
|     | Designation                                                     | ,                         |                                                                  |
|     | Address:                                                        |                           | Contact No.                                                      |
|     |                                                                 |                           | Fax No.                                                          |
|     |                                                                 |                           | E-mail                                                           |
| 2.  | License Information:                                            |                           |                                                                  |
|     | a. License No.                                                  | b. Validity of License    |                                                                  |
| 3.  | Details of Radioactive Mater                                    | ial/Radiation Generator:  |                                                                  |
|     |                                                                 |                           |                                                                  |
|     |                                                                 |                           |                                                                  |
|     |                                                                 |                           |                                                                  |
| 4.  | Reason and Justification for                                    | Decommissioning:          |                                                                  |
|     |                                                                 |                           |                                                                  |
|     |                                                                 |                           |                                                                  |
|     |                                                                 |                           |                                                                  |
|     |                                                                 |                           |                                                                  |
|     | I hereby confirm that all the p                                 |                           | his application are true and correct.<br>of the Licensee:        |
|     |                                                                 | - ground                  | Dated:                                                           |
|     |                                                                 |                           |                                                                  |
|     |                                                                 |                           | Stamp of Office:                                                 |
|     |                                                                 |                           |                                                                  |
| Pl  | ease check the following docu                                   | iments are attached/submi | itted:                                                           |
| i.  | Final Decommissioning Plar                                      | 1                         | Yes 🗌 No 🗍                                                       |
| ii. | Any other relevant document                                     |                           | Yes No                                                           |
|     | ote: Use supplemental sheets who ove mentioned documents to the |                           | oletely filled Application Form along wit rate of the Authority. |

- **RNSD-I**, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: <u>rnsd1@pnra.org</u>
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
   RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi
- Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



P. O. Box No. 1912, Islamabad

## <u>APPLICATION FORM TO OBTAIN AUTHORIZATION FOR</u> <u>CLEARANCE OF RADIOACTIVE MATERIAL</u>

1. Particulars of the Licensee:

| Name         |                            | CNIC  | No. |   | 7  |      | /   |    |    |  | Г |  |  |
|--------------|----------------------------|-------|-----|---|----|------|-----|----|----|--|---|--|--|
| Passport No. | (In case of foreigner lice | nsee) |     |   |    |      |     |    |    |  |   |  |  |
| Designation  |                            |       |     |   |    |      |     |    |    |  |   |  |  |
| Address:     |                            |       |     |   | Сс | onta | act | No | ). |  |   |  |  |
|              |                            |       |     |   | Fa | ax N | 10. |    |    |  |   |  |  |
|              |                            |       |     | ſ | E- | ma   | il  |    |    |  |   |  |  |

2. License Information:

| a. License No. | b. Validity of License |
|----------------|------------------------|

3. Specifications of Radioactive Material:

| Sr.<br>No. | Radionuclide(s) | Source<br>ID.<br>No. | Model<br>No. | Manuf-<br>acturer | Initial<br>Activity<br>with | Present<br>Activity<br>with | Countr<br>y of<br>Origin | Category<br>of Source |
|------------|-----------------|----------------------|--------------|-------------------|-----------------------------|-----------------------------|--------------------------|-----------------------|
|            |                 |                      |              |                   | Date                        | Date                        | Ū.                       |                       |
|            |                 |                      |              |                   |                             |                             |                          |                       |
|            |                 |                      | _            |                   |                             |                             |                          |                       |
|            |                 |                      |              |                   |                             |                             |                          |                       |

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 document                                                         | are attached/submitted:    |
| <ul><li>i. Manufacturer source certificat</li><li>ii. Technical supporting docume</li></ul> |                            |

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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
   Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



P. O. Box No. 1912, Islamabad

# <u>APPLICATION FORM TO OBTAIN AUTHORIZATION FOR HEALTH</u> <u>SCREENING/BIOMEDICAL RESEARCH</u>

| 1. | Particulars of the Licensee:                                                                   |
|----|------------------------------------------------------------------------------------------------|
| Γ  | Name CNIC No.                                                                                  |
|    | Passport No. (In case of foreigner licensee)                                                   |
|    | Designation                                                                                    |
|    | Address: Contact No.                                                                           |
|    | Fax No.                                                                                        |
|    | E-mail                                                                                         |
| 2. | License Information:                                                                           |
| Ļ  | a. Date of registration with PNRA                                                              |
| L  | 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:                          |
| 0. | opecification of Radioactive Matchai/Radiation Cenerator to be used.                           |
|    |                                                                                                |
|    |                                                                                                |
|    |                                                                                                |
| _  |                                                                                                |
| 6. | Particulars of Medical/Health Professional to be involved:                                     |
|    |                                                                                                |
|    |                                                                                                |
|    |                                                                                                |
|    |                                                                                                |
|    |                                                                                                |
|    |                                                                                                |
|    | I berefy confirm that all the particulars given by me in this application are true and correct |
|    | 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:

\_\_\_\_\_

#### FORM NO. 11-C

Please check the following documents are attached/submitted:

i. Authorization from the relevant Govt. Departments

| <br><b>-</b> · · / ·    |                |                 |               | <b>\</b> |
|-------------------------|----------------|-----------------|---------------|----------|
| <br>Training/experience | certificate of | medical/health  | protessional  | Yes      |
| <br>rianning/oxpononio  |                | mouloui, moului | protocoloriar |          |

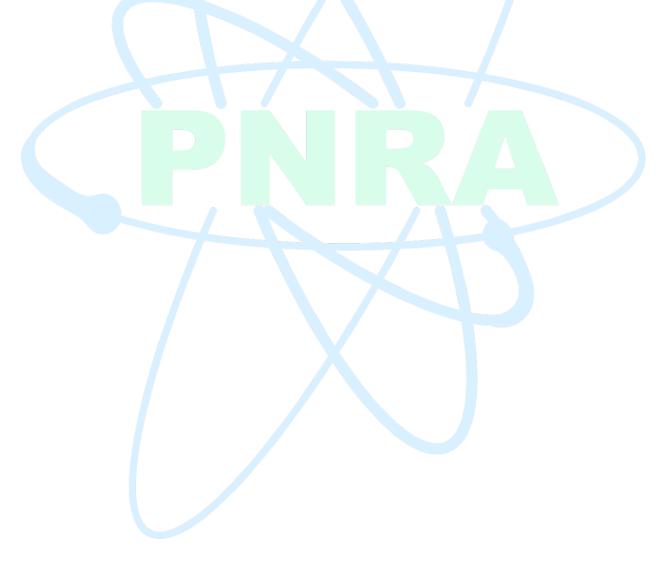
iii. Approval from ethics committee (national or provincial level) Yes

| No |  |
|----|--|
| No |  |
| No |  |

Yes

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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
  Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org





P. O. Box No. 1912, Islamabad

## <u>APPLICATION FORM TO OBTAIN AUTHORIZATION FOR</u> <u>MODIFICATION<sup>\*</sup> AT RADIATION FACILITY</u>

| 1. | Particulars of the Licensee:            |                   |             |  |
|----|-----------------------------------------|-------------------|-------------|--|
| Γ  | Name                                    | CNIC No.          |             |  |
|    | Passport No. (In case of foreigner lice | ensee)            |             |  |
|    | Designation                             |                   |             |  |
|    | Address:                                |                   | Contact No. |  |
|    |                                         |                   | Fax No.     |  |
| L  |                                         |                   | E-mail      |  |
| 2. | License Information:                    |                   |             |  |
| [  | a. Date of Registration with PNRA       |                   |             |  |
|    | b. License No.                          | c. Validity o     | of License  |  |
| 3. | Purpose of Modification/Change:         |                   |             |  |
|    |                                         |                   |             |  |
|    |                                         |                   |             |  |
|    |                                         |                   |             |  |
|    |                                         |                   |             |  |
|    |                                         |                   |             |  |
|    |                                         |                   |             |  |
| 4. | Reason and Justification for the Modi   | ification/Change: |             |  |
|    |                                         |                   |             |  |
|    |                                         |                   |             |  |
|    |                                         |                   |             |  |
|    |                                         |                   |             |  |
|    |                                         |                   |             |  |
|    |                                         |                   |             |  |

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

| Signature of the Lic | ensee: |
|----------------------|--------|
|----------------------|--------|

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 Yes program (RPP), etc.) No

| ii. 7 | Any c | other re | levant o | document | t |
|-------|-------|----------|----------|----------|---|
|-------|-------|----------|----------|----------|---|

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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad • Email: rnsd1@pnra.org Phone No.: 051-9263019 Fax No.: 051-9263009
- RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



P. O. Box No. 1912, Islamabad

## <u>APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSFER</u> <u>OF/AMENDMENT/CHANGE IN LICENSE</u>

| 1. | Particulars of the Licensee:                                 |                                |
|----|--------------------------------------------------------------|--------------------------------|
|    | Name CNIC No.                                                |                                |
|    | Passport No. (In case of foreigner licensee)                 |                                |
|    | Designation                                                  |                                |
|    | Address:                                                     | Contact No.                    |
|    |                                                              | Fax No.                        |
| 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 D. Change in L                    | ocation of the Facility        |
|    | c. Transfer/Sell out to any other d. Change in Section       | Scope of License/Authorization |
|    | a. <u>Transfer to Next of Kin</u>                            |                                |
|    | Name CNIC No.                                                |                                |
|    | Blood Relation                                               |                                |
|    | Designation                                                  |                                |
|    | Address:                                                     | Contact No.                    |
|    |                                                              | Fax No.<br>E-mail              |
| Į  |                                                              |                                |
|    | b. Change in Location of the Facility*#                      |                                |
|    | New Address of the Facility<br>(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. |         |     |  |  |  |
|------------------------------|-------|-----------------|-----------|----------|---------|-----|--|--|--|
| Designa                      | ation |                 |           |          |         |     |  |  |  |
| Address                      | s:    |                 |           |          | Contact | No. |  |  |  |
|                              |       |                 |           |          | Fax     |     |  |  |  |
|                              |       |                 |           |          | No.     |     |  |  |  |
|                              |       |                 |           |          | E-mail  |     |  |  |  |
| In Case                      | of Cl | hange in Name c | f the Fac | ility    |         |     |  |  |  |
| Current Name of the Facility |       |                 |           |          |         |     |  |  |  |
| New Na                       | ame o | f 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*:                                                                                                                                                                                                                                                                      |
|                           | <ul> <li>a) Transfer/Amendment/Change in License/Authorization Fee may be submitted via<br/>Askari Bank (All branches). The Askari bank challan may be obtained from respective<br/>Regional Directorate or may be downloaded from:<br/><u>https://www.pnra.org/bankChalanActivityType.asp</u></li> </ul> |
|                           | OR                                                                                                                                                                                                                                                                                                        |
|                           | b) Transfer/Amendment/Change in License/Authorization fee may be submitted via Pay<br>Order/Bank Draft in favor of "Director Finance PNRA, Islamabad". Please provide<br>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:                                                                                                                                                                                                                                                                                          |
|                           |                                                                                                                                                                                                                                                                                                           |
| DI                        | ease check following documents are attached/submitted:                                                                                                                                                                                                                                                    |
| i.<br>ii.<br>iii.<br>iii. | CNIC of next of kin in case of transfer to next of kin Yes No Pay Order/Bank Draft/Copy of Bank Challan Yes No Updated licensing documents (i.e. Safety Analysis Report (SAR), Radiation protection program (RPP), etc.) Yes No Pay Other relevant document                                               |
| No                        | the 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.

<sup>#</sup> 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: <u>rnsd1@pnra.org</u>
 RNSD-II, Chashma Site, Kundian, District Mianwali Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>  RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



P. O. Box No. 1912, Islamabad

# <u>APPLICATION FORM TO OBTAIN AUTHORIZATION FOR</u> <u>SURRENDER OF LICENSE</u>

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. <u>Specifications of Radioactive Material/Radiation Generator:</u>

## a. Radioactive Material

| Radionuclide(s) | Source<br>ID. No. | Model<br>No. | Manufacture<br>r | Activity with<br>Reference<br>Date | Country<br>of<br>Origin | Category<br>of Source |
|-----------------|-------------------|--------------|------------------|------------------------------------|-------------------------|-----------------------|
|                 |                   |              |                  | D ) /                              |                         |                       |
|                 |                   |              |                  |                                    |                         |                       |
|                 |                   |              |                  |                                    |                         |                       |

#### b. Radiation Generator

| Type of<br>Radiation<br>Generator | Sr./ID.<br>ray Tub | of X- | Model No. | Manufacturer | Maximum<br>Voltage<br>(kV) | Maximum<br>Current<br>(mA) |
|-----------------------------------|--------------------|-------|-----------|--------------|----------------------------|----------------------------|
|                                   |                    |       |           |              |                            |                            |
|                                   |                    |       |           |              |                            |                            |
|                                   |                    |       |           |              |                            |                            |

4. Reason and Justification for Surrender of License\*:

 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:

| <br> | <br> | <br> |
|------|------|------|
| <br> | <br> | <br> |
| <br> | <br> | <br> |
| <br> | <br> | <br> |

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

| Signature of the Li | icensee:   |
|---------------------|------------|
|                     | Dated:     |
| Stamp o             | 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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
   Phone No.: 0459-924294 Fax No.: 0459-924308 Email: rnsd2@pnra.org
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: rnsd3@pnra.org



P. O. Box No. 1912, Islamabad

# <u>APPLICATION FORM TO OBTAIN AUTHORIZATION FOR TRANSIT/</u> <u>TRANSPORT OF RADIOACTIVE MATERIAL/CONTAMINATED ITEMS</u>

1. Particulars of the Applicant/Consignor:

| Name & Designation | CNIC/Passport No. | Organization | <u>Country</u> |
|--------------------|-------------------|--------------|----------------|
|                    |                   |              |                |

#### 2. <u>Technical Information</u>:

| 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<br>radioactivity of each source or total quantity of<br>radioactive material at the time of transit/transport |  |
| vii.  | Certificate of package/container according to PNRA<br>Transport Regulations (PAK/916)                                                                  |  |
| viii. | Identification mark of the package/container                                                                                                           |  |
| ix.   | Type of the package/container                                                                                                                          |  |
| х.    | 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                |
| ٧.   | Country/address of final destination       |
| vi.  | Mode of shipment (Air/Sea/Land)            |
| vii. | Security measures during transit/transport |

#### 4. Any other Information:

Page 1 of 2

- 5. Authorization Fee Information:
  - 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

#### 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                                                                                                                                      |                                                                                                                                                                           | No                                                                                                                                                                                        |                                                                                                                                                                                                       |
| ii.Special form certificate of radioactive source            | Yes                                                                                                                                      |                                                                                                                                                                           | No                                                                                                                                                                                        |                                                                                                                                                                                                       |
| iii.Shipper's declaration of dangerous goods                 | Yes                                                                                                                                      |                                                                                                                                                                           | No                                                                                                                                                                                        |                                                                                                                                                                                                       |
| iv.Package design certificate                                | Yes                                                                                                                                      |                                                                                                                                                                           | No                                                                                                                                                                                        |                                                                                                                                                                                                       |
| v.Pay Order/Bank Draft/Copy of Bank Challan                  | Yes                                                                                                                                      |                                                                                                                                                                           | No                                                                                                                                                                                        |                                                                                                                                                                                                       |
|                                                              | i.Manufacturer's source certificate<br>ii.Special form certificate of radioactive source<br>iii.Shipper's declaration of dangerous goods | i.Manufacturer's source certificateYesii.Special form certificate of radioactive sourceYesiii.Shipper's declaration of dangerous goodsYesiv.Package design certificateYes | i.Manufacturer's source certificate Yes<br>ii.Special form certificate of radioactive source Yes<br>iii.Shipper's declaration of dangerous goods Yes<br>iv.Package design certificate Yes | i.Manufacturer's source certificate Yes No<br>ii.Special form certificate of radioactive source Yes No<br>iii.Shipper's declaration of dangerous goods Yes No<br>iv.Package design certificate 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.

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
   Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
   Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>



P. O. Box No. 1912, Islamabad

## <u>APPLICATION FORM TO OBTAIN IMPORT PERMIT FOR THE</u> <u>PROCUREMENT OF RADIATION SOURCE</u>

1. Particulars of the Licensee:

| Name         |                             | CNIC  | No. |  |   |        |     |     |  |  |  |  |
|--------------|-----------------------------|-------|-----|--|---|--------|-----|-----|--|--|--|--|
| Passport No. | (In case of foreigner licer | nsee) |     |  |   |        |     |     |  |  |  |  |
| Designation  |                             |       |     |  |   | $\sim$ |     |     |  |  |  |  |
| Address:     |                             |       |     |  | С | ont    | act | No. |  |  |  |  |
|              |                             |       |     |  | F | ax I   | No. |     |  |  |  |  |
|              |                             |       |     |  | Ε | -ma    | ail |     |  |  |  |  |

#### 2. License Information:

| a. Date of Regist | ration with PNRA |                        |  |
|-------------------|------------------|------------------------|--|
| b. License No.    |                  | c. Validity of License |  |

3. Technical Information of Radioactive Source/Radiation Generator:

## a. Radioactive Source(s)

| Sr.<br>No. | Name<br>radioactiv<br>source(s) | of<br>ve<br>)/material | Sealed<br>or<br>unsealed | Physical form of source(s)/material | Number of radioactive<br>sources or total<br>quantity of radioactive<br>material |
|------------|---------------------------------|------------------------|--------------------------|-------------------------------------|----------------------------------------------------------------------------------|
|            |                                 | D                      |                          |                                     |                                                                                  |
|            |                                 |                        |                          |                                     |                                                                                  |
|            |                                 |                        |                          |                                     |                                                                                  |

#### b. Radiation Generator

| Sr.<br>No. | Type of Radiation<br>Generator | Model<br>No. | Manufacturer | Maximum<br>Voltage/ Energy | Maximum<br>Current |
|------------|--------------------------------|--------------|--------------|----------------------------|--------------------|
|            |                                |              |              |                            |                    |
|            |                                |              |              |                            |                    |
|            |                                |              |              |                            |                    |

#### 4. Administrative Information:

| i.  | Purpose | of import |  |  |
|-----|---------|-----------|--|--|
| ii. | Country | of origin |  |  |

## 5. Any other Information:

- 6. Authorization Fee Information:
  - 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: <u>https://www.pnra.org/bankChalanActivityType.asp</u>

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.: | <br> |  |
|---------------------------|------|--|
| Amount:                   |      |  |
| Date:                     |      |  |
| Name of the Bank:         | <br> |  |

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

| coneci.                                                |                                                                |                         |              |
|--------------------------------------------------------|----------------------------------------------------------------|-------------------------|--------------|
|                                                        | Signature of the                                               | Applicant/Licensee:     |              |
|                                                        |                                                                | Dated:                  |              |
|                                                        |                                                                | Stamp of Office:        |              |
|                                                        |                                                                | =                       |              |
| Please check the following                             | documents are attached/su                                      | ibmitted:               |              |
| i.Pay Order/Bank Draft/C<br>ii.Technical Specification | · · · · · · · · · · · · · · · · · · ·                          | Yes<br>Yes              | No 🗌<br>No 🗖 |
| * Import Permit is granted to                          | o registered/license holder o                                  | <u>f PNRA</u>           |              |
|                                                        |                                                                |                         |              |
|                                                        | ets where necessary. Mail the<br>ents to the concerned Regiona |                         |              |
| For details please contact you                         | r respective Regional Nuclear                                  | Safety Directorate (RNS | D):          |

- RNSD-I, PNRA Headquarter, Mauve Area, G-8/1, Islamabad Phone No.: 051-9263019 Fax No.: 051-9263009 Email: rnsd1@pnra.org
- RNSD-II, Chashma Site, Kundian, District Mianwali
   Phone No.: 0459-924294 Fax No.: 0459-924308 Email: <u>rnsd2@pnra.org</u>
- RNSD-III, 42 C, 24th Commercial Street, Phase II Ext, DHA Karachi Phone No.: 021-99266282 Fax No.: 021-99266280 Email: <u>rnsd3@pnra.org</u>

PAKISTAN NUCLEAR REGULATORY AUTHORITY P.O. Box 1912, Islamabad

www.pnra.org