Pakistan Nuclear Regulatory Authority

P. O. Box No. 1912, Islamabad

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

1. Particulars of the applicant:

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

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

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

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

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

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

Yes ☐ No ☐

If Yes:

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

Islamabad ☐ Kundian ☐ Karachi ☐

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

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

……..

……..

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5. If already licensed with PNRA, please provide:

a) License No.: …….

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

6. Purpose for which license is required:

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7. Details of Premises:

Name of Organization/Firm	
Address (including Tehsil, District)	
Status of premises	Owned ☐ On lease/rent ☐

8. Specifications of Radioactive Material/Radiation Equipment:

a) Sealed Radioactive Sources (SRS)

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

b) Unsealed Radioactive Sources (USRS)

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

c) Radiation Generator

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

d) Devices Containing Radioactive Material

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

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

Name	Designation	CNIC No.	Age	Qualification	Experience/Training

10. Maintenance/Testing of radiation generator:

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

Yes ☐ No ☐

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

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

……..

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12. Arrangements for personal dose monitoring:

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

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

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

13. Radiation monitoring instrument:

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

14. License Fee Information:

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

OR

b) License fee may be submitted via Pay Order/Bank Draft in favor of **"Director Finance**

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PNRA, Islamabad". Please provide the following details:

Pay Order/Bank Draft No.: ……

Amount: ……

Date: ……

Name of the Bank: ……..

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

Signature of the Owner: _____ Signature of the Applicant: _____

Dated: _____ Dated: _____

Stamp of Office: _____

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_____

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	☐
iv.	Copy of CNIC(s) of all Radiation Worker(s)	Yes	☐	No	☐
v.	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	☐
Dealing in Radioactive Materials/Sources					
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	☐
Dealing in Radiation Generators					
i.	Plan, Map, Layout of the Facility	Yes	☐	No	☐
ii.	Shielding Design (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.

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

- **RNSD-I**, PNRA Headquarter, Mauve Area, G-8/1, Islamabad
  Phone No.: 051-9257830 Fax No.: 051-9257831 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

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