

3. Person to be contacted regarding this application

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Telephone							
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4. Name and type of Remote Controlled Afterloading Brachytherapy equipment to be type approved

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5. This application is for

Type approval/NOC				
Renewal of type approval/NOC		Ref No.:	Date:	Valid till:

B. Details of equipment specification

1. Name of Remote Controlled Afterloading Brachytherapy equipment

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- 2. Model/Type :
- 3. Number of channels :
- 4. Maximum Capacity :
- 5. Year and Country of manufacture :
- 6. Anticipated useful life of the equipment :

C. Details of radioisotope used in the Remote Controlled Afterloading Brachytherapy Equipment

Radioisotope	Physical dimensions and shape of the source	Model number and designation of the source	Total activity/ Activity/cm in case of wires or ribbons	Number of sources/ Total length in case of wire and ribbon sources
Co-60				
Cs-137				
Ir-192				
Any other (specify)				

4. Documents submitted along with the application (Tick mark as appropriate)
- a) Drawing of the source housing of the Remote Controlled Afterloading Brachytherapy unit showing the shielding and materials of construction (scale 1:2)
 - b) Drawing along with the functional description of the safety related control systems and devices
 - c) National Standards to which the equipment conforms (English translation of the Standard is to be provided)
 - d) Performance report demonstrating compliance with the National Standard or IEC standard
 - e) Certificate from the Competent Authority of the country of design/manufacture to the effect that the equipment is approved for medical use
 - f) Test report and certificate of compliance of the equipment/source transport container as approved package for safe transport of radioactive material
 - g) Test report and certificate from the source manufacturer showing classification designation of the sealed source
 - h) Performance report on equipment of the same type used in India during the past 5 years
5. Any other information you may like to furnish
6. I certify that all information furnished by me is correct to the best of my knowledge and belief.

Place :

Signature :

Date :

Name :

Designation :
(Seal of the Office)