



e-Licensing of Radiation Applications (eLORA)

Guidelines

for

Medical Cyclotron Facility

Guidelines for Applying for Consents for Medical Cyclotron Facility through eLORA System

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General Guidelines

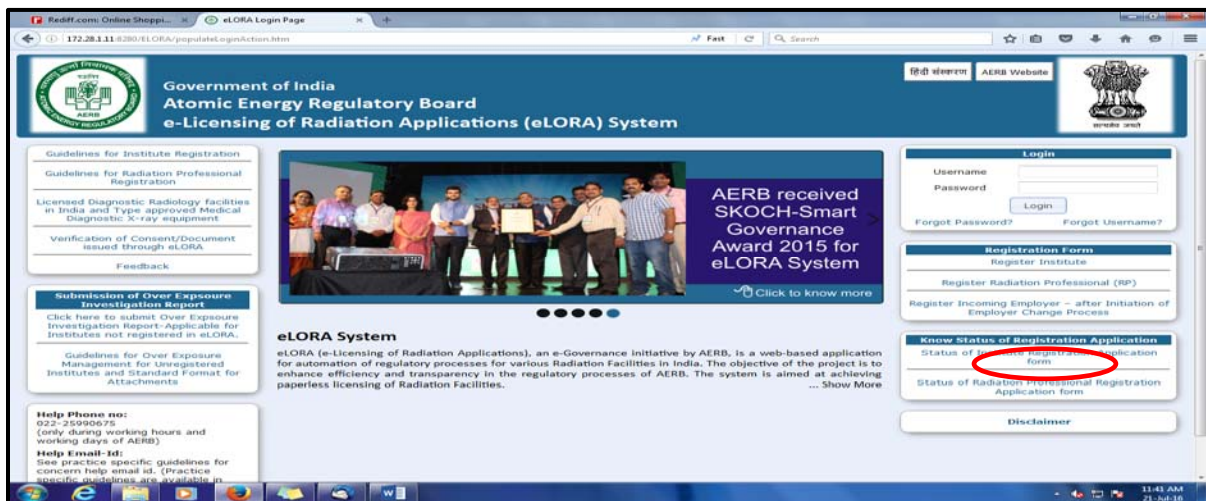
The practice of use of Medical Cyclotron Facilities in India is governed by the Atomic and Energy Act, 1962 and rules promulgated under the Act. In view of this, AERB issues regulatory consents at different regulatory stages for safe handling of the same and publishes codes and guides as per the act & relevant rules. To facilitate the mandate, AERB has launched e-LORA (e-Licensing of Radiation Applications), its e-governance application system to facilitate online submission of applications for regulatory consents and establish channel of communication with AERB for other regulatory requirements. All User Institutes having Medical Cyclotron Facility are required to use eLORA for obtaining relevant consents and approvals from AERB.

Note: Applications to be sent for relevant stages are described in Tabular form in Brief Description of the Regulatory Forms.

1. Register Your Institute

Note: Those who have already registered their institute through e-LORA for other practices, need not register again. The Medical Cyclotron facility can be updated in their Institute Profile. Guidelines for updation is available in e-LORA Home Page.

Visit our website www.aerb.gov.in. Click on **eLORA**, which is available on website home page. It will redirect you to the following screen of **eLORA HOME PAGE**.



Click on **Register Institute** (see above figure). This will open application form for Institute Registration.

The screenshot shows a web browser window with the title 'APPLICATION FOR INSTITUTE REGISTRATION'. The browser tabs include 'Rediff.com: Online Shoppi...', 'eLORA Login Page', and 'Register Institute'. The address bar shows '172.28.1.11:8280/ELORA/registerInstituteAction.htm'. The form has three tabs: 'Institute Details', 'Employer Details', and 'Attachments'. The 'Institute Details' tab is selected and contains the following fields:

- Institute Details:** Institute Name*, Institute Type* (dropdown), Registered with any State/Central Govt auth.* (dropdown), PAN No., TAN No.
- Address Of Institution:** Institute Name, Address Line1*, Address Line2, Landmark, State* (dropdown), City/District* (dropdown), PIN*.
- Address Of Communication:** Is Address of Communication same as Address Of Institution? (dropdown), Address Line1*, Address Line2, Landmark, State* (dropdown), City/District* (dropdown), PIN*.

At the bottom of the form are 'Submit', 'Close', and 'Reset' buttons. The Windows taskbar at the bottom shows the time as 11:59 AM on 21-Jul-16.

Important Note: Guidelines to fill application form for Institute Registration is available on eLORA home page. It is advised to read the guidelines and keep soft copy of required attachments ready before start filling of application form.

Fill the application form as per the guidelines. Important points in each tab are mentioned below:

Tab 1: Institute Details

In **Type of Facility** section, for the field **Practice** select **Medical Cyclotron Facility** and for the **Role** select **Radiation Facility – Medical Cyclotron**

Tab 2: Employer Details

Name: Fill the complete name of employer as appearing in his/her document for **Proof of Identity/Date of Birth (DOB)** to be attached.

Date of Birth: Fill the DOB as appearing in the proof of identity/DOB to be attached

Document/card for proof of identity and date of birth (of employer): Select one from the drop down. (Soft copy of this is a mandatory attachment).

Document/Card No. (of Proof of Identity/DOB): Must match with the proof of identity/DOB attached

E-mail (O): Will be used to send USERNAME and PASSWORD of your eLORA account and for all future communications. (Make sure to provide correct email address).

Tab 3: Attachments

Upload of following attachments are mandatory:

- ✓ **Proof of Identity and Date of Birth** (of employer): Acceptable documents are as follows:
 - o Passport
 - o PAN card issued by Income Tax Department
 - o Driving Licence issued by RTO
 - o Photo identity document/card having serial number and date of birth issued by Central/State Government or PSU
- ✓ **Proof of Employership:** Example: (i) Joining order as employer, (ii) Board Resolution, (iii) Any Govt./PUC document substantiating proprietorship (iv) Partnership deed (notarized) or (iv) Proprietor's self declaration on institute letter head affixed with institute seal
- ✓ **Upload scan copy of any one of the document (in the relevant position) for the proof of existence of institute:**
 - o PAN of Institute
 - o TAN of Institute
 - o Registration with State/Central/Local Government Authority

Enter the Captcha and submit the application form.

Important Note: Fields marked with * in the application form are mandatory. Application form will not be submitted if any mandatory field left blank.

You will get acknowledgement message upon successful submission of application form. The copy of submitted application (.pdf file) can be downloaded for which link will be provided (pl. note, this link will be active for a short period). You will also receive an

acknowledge mail with the copy of your application form (.pdf file) in your email (email address as provided in the application form).

2. General Requisites

General details of the facility has to be recorded in the system by the following menus;

A. Declare Employees

Personnel with appropriate radiation safety training may be added as **Radiation Safety Professional** for **Medical Cyclotron Facility** as employee. **Radiation Safety Professional** having appropriate qualification may be nominated as RSO of the facility. Guidelines for the same is available in **Help Menu**.

For adding employees to your institution, please follow the path as;

Menu → **User Management** → **Add Employee** → Select required **Type of Employee** from drop down



Three options are available in drop down for **Type of Employee** as follows;

- ✓ **Radiation Professional** (for **Radiation Safety Professional**...Note that these people can only be nominated as RSO)
- ✓ **Radiation Worker** (for supporting staffs eg **operators, pharmacist, helpers etc**)
- ✓ **Non Radiation Worker** (to add Licensee if he is not a radiation worker)

In the form for adding **Radiation Professional**,

- A pop up will prompt you to provide **RP ID** and **DOB** of the personnel which will be available with the person. All other personal details will come automatically.
- Provide Date of Joining (of service in your institute), PMS No. (i.e. complete TLD No.), Department and Designation, Profile (i.e. 'Sealed Sources') and Professional Role (i.e. 'Radiation Safety Professional')
- Provide Email (O)
- Browse and upload scan copy of joining /confirmation letter of employee and click on **Submit**

In the form for adding **Radiation Worker**,

- Provide required personal information of employee viz. Title, Name, Gender & Date of Birth
- Provide required service information of employee viz. Date of Joining (of service in your institute), PMS No. (i.e. complete TLD No.), Department, Designation, Profile (i.e. 'Sealed Source').
- Provide address & contact details of employee
- Browse and upload scan copy of joining /confirmation letter of employee and click on **Submit**

Type Of Employee* Radiation Worker

Personal Details

Title* --Please Select--

First Name*

Middle Name

Last Name*

Gender* --Please Select--

Date Of Birth*

Date Of Joining* 7/4/2015

Department

Designation

Select profile*
 Radiotherapy installations
 Supplier of radiotherapy equipments/sources
 Manufacturer of radiotherapy equipments/sources
 Nuclear Medicine Facility
 Supplier of Nuclear Medicine Equipment/Source
 Gamma Irradiation Chamber (Radiation Facility)

PMS NO
(Applicable for 'Medical diagnostic x-ray facility,Radiotherapy,Nuclear Medicine' only.)

Role
(Applicable for 'Medical diagnostic x-ray facility' only. Role shall be selected based on appropriate qualifications. Refer AERB website for required minimum qualifications.)
 Operator-Medical diagnostic x-ray facility
 Medical Practitioner-Medical diagnostic x-ray facility

Education Qualification
(Applicable for 'Medical diagnostic x-ray facility' only.) --Please select--

Attachment for uploading copy of proof of education
(Applicable for 'Medical diagnostic x-ray facility' only.)
 Browse... No file selected. Clear

Permanent Address

Address Line1*

Address Line2

Landmark

In the form for adding **Non Radiation Worker**,

- Provide required personal information of employee viz. Title, Name, Gender & Date of Birth, Father's Name, Educational qualification
- Provide required service information of employee viz. Date of Joining (of service in your institute), ID proof, Department, Designation
- Provide address & contact details of employee
- Browse and upload scan copy of joining /confirmation letter and proof of educational qualification of employee and click on **Submit**

Type Of Employee*	Non Radiation Worker
Personal Details	
Title*	--Please Select--
First Name*	
Middle Name	
Last Name*	
Date Of Birth*	
Gender*	--Please Select--
Date Of Joining*	7/4/2015
Document/card for proof of identity and date of birth*	--Select One--
Document/card No.*	
Father's Name*	
Education Qualification	--Please Select--
Designation	
Department	
Permanent Address	
Address Line1*	
Address Line2	
Landmark	

B. RSO Approval

A **Radiological Safety Officer** or **RSO** is mandatorily required for the facility. **Radiation Safety Professional** having appropriate qualification may be nominated as RSO of the facility.

Guidelines for the same is available in **Help Menu**.

For adding RSO to the facility, please follow the path as;

Menu → **Regulatory Forms** → **Common Forms** → **Nominate RSO** as shown below;

Your Logged in profile is: Nuclear Medicine--Nuclear Medicine Facility

Change Password | Instrument Management | My Applications | My Casefiles | My Drafts | My Institute Details | Regulatory Forms | User management | View Inspection Documents

My Inbox

Nominate RSO

Date and Time	Message
06/04/2015 01:39 PM	Your application for Source Type registration (ref no. 15-5061) is Approved. A
06/04/2015 01:34 PM	Your application for supplier authorisation (ref no. 15-5060) is Approved. App
10/03/2015 09:14 AM	You have successfully submitted Nomination for Trainee Radiographer with Ap

You will be navigated to the following screen for nomination of RSO

Radiation Professional Details

Select Radiation Professional

Radiation Professional*

Date of Birth*

Registration ID*

Role of RP*

RSO Status*

e-Mail Id Official*

Education Details

Experience Details

Nominate | Renominate | Renew | Undesignate | Reset | Close

Nominate RSO (for first time approval in the institute):

“Nominate RSO” is applicable for nominating the employee for RSO of the institute for the first time. Select the employee from the List of Values (LOV) indicated in the right side of the Radiation professional label. The details of the selected employee will be populated in the rest of the fields. Choose the button “Nominate”. Click on “Freeze”. Now application form will be generated. You can download the form from the link provided in the message as follows,

Your Application Number is 15-5098

To complete the submission, please upload signed copy of the application. The link is given here
[RSO_Form_20150408115842701.pdf](#)
Download the file, sign the copy and upload it for completing the submission.

[Close](#)

Else you may choose “My Application” to download the same form. A scan copy in PDF format for the first page of the application after signed and affixed with the Institute Seal need to be uploaded and then select “Submit”. After successful approval of the RSO Nomination you (Employer and RSO) will receive a message in their email id as provided in eLORA. A copy of the approval letter will also be emailed to RSO’s email Id. Employer can view the approval copy in “My Application” and also choosing the infrastructure case file.

RSO renewal (renewal on expiry of RSO approval)

Renewal of RSO can be initiated by employer of the facility. From the employee list, only employee can be selected whose RSO status is “Yes”.

Radiation Professional Details

Select Radiation Professional

Radiation Professional* ...

Date of Birth*

Registration ID*

Role of RP*

RSO Status*

e-Mail Id Official*

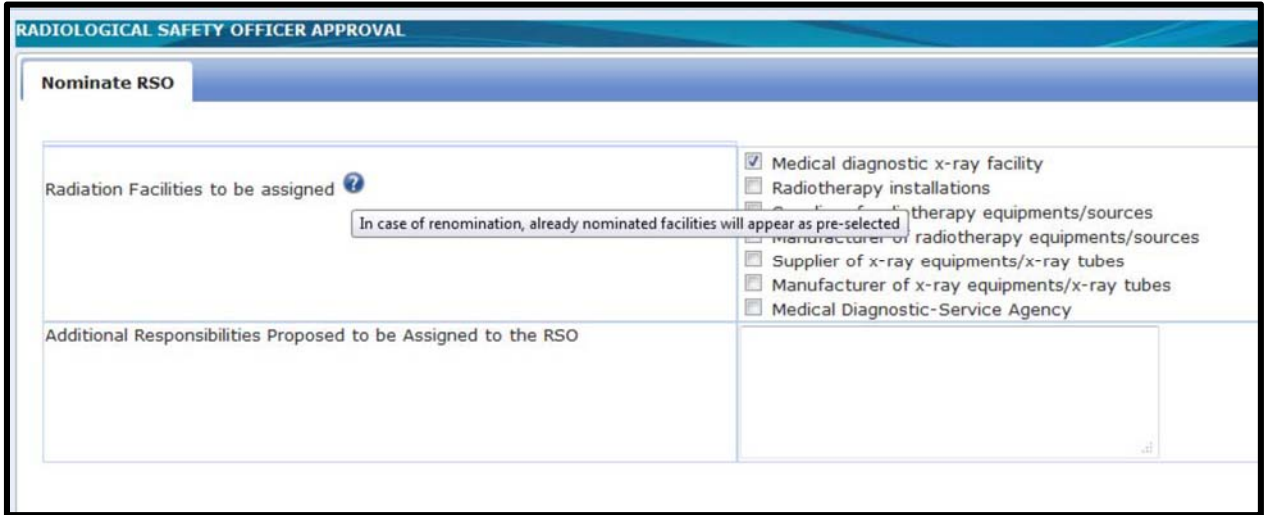
Education Details

Experience Details

[Nominate](#) [Renominate](#) [Renew](#) [Undesignate](#) [Reset](#) [Close](#)

RSO Renomination (to add or remove roles of the RSO)

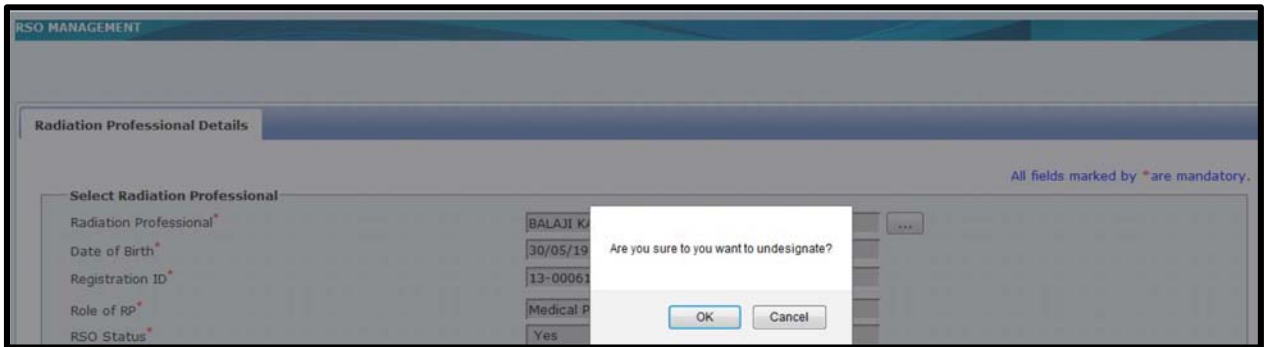
Only approved RSOs of the institution can be renominated for addition/removal of roles of the institute. Renomination button will be deactivated for the employee whose RSO status is “Yes” before one month of RSO approval validity.



Click on “Freeze”. Now application form will be generated. You can download the form from the link provided there. Else you may choose “My Application” to download the same form. A scan copy in PDF format for the first page of the application after signed and affixed with the Institute Seal need to be uploaded and then select “Submit”. Status of the application can be viewed from “My Application” and also choosing the infrastructure case file.

RSO Undesignate (to remove the RSO roles completely):

In case, employer wants to withdraw the role of RSO from an approved RSO, the same can be initiated through “Undesignate” option. Only approved RSOs can be undesignated and he/she will no longer be RSO of the institute. However, he/she will continue to be employee of the institute.



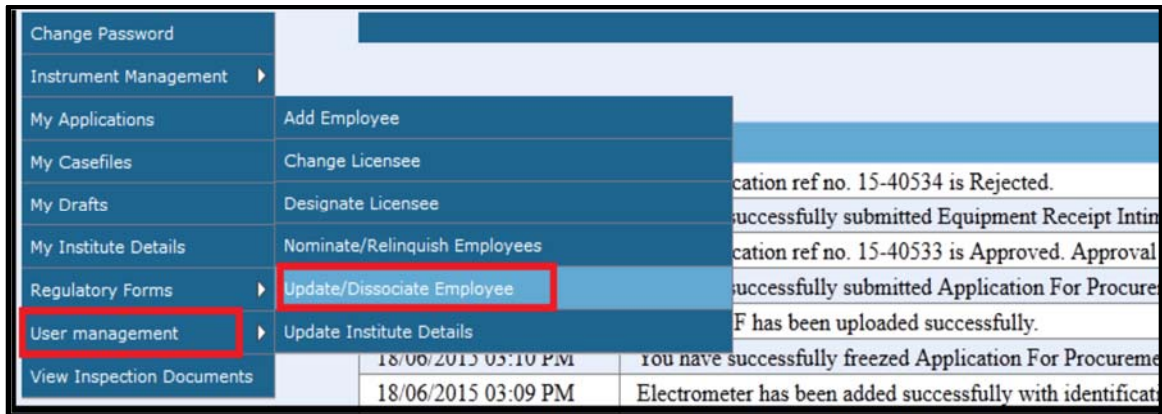
In the “View employee list”, the status of RSO will be indicated as “No”. In case the RSO is leaving the Institute, the employer has to “Undesignate” the RSO and then “Dissociate” him/her. A relinquishing letter for the RSO dissociation will be available in RSO approval file and the status of the RSO file will be “close”.



C. Update/Dissociate Employee

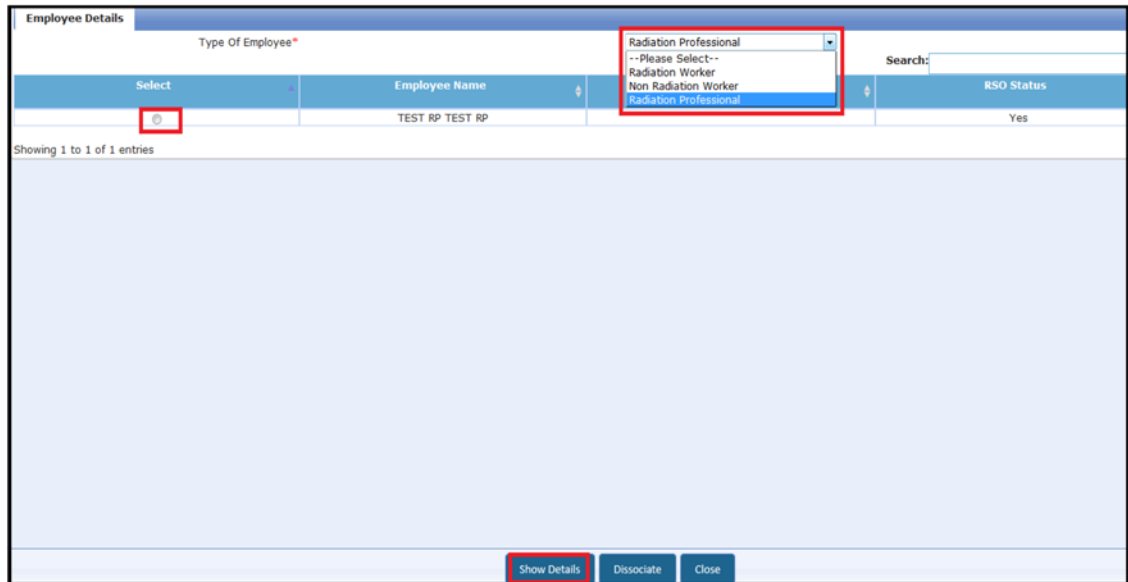
Employer can update/dissociate employee from his/her institution. Employer can update employee details such as PMS No., Designation, Department and e-mail (O). Employer can also dissociate employee. Follow the path:

Menu —> **User Management** —> **Update/Dissociate Employee**

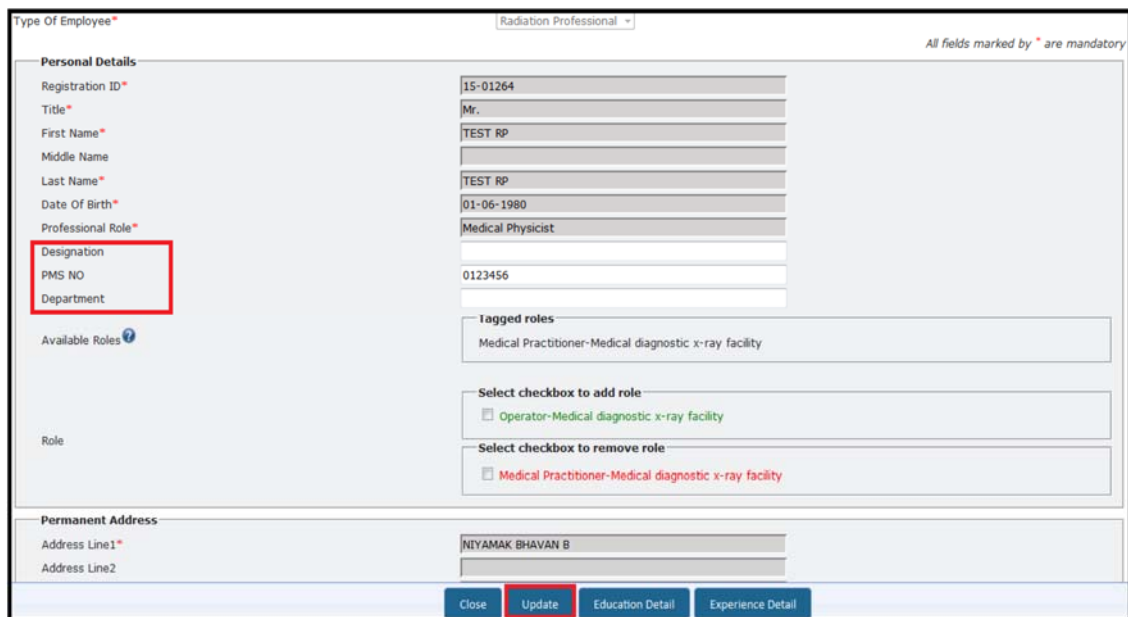


- **Update Employee Details**

After clicking on Update/Dissociate Employees, the following screen will appear;



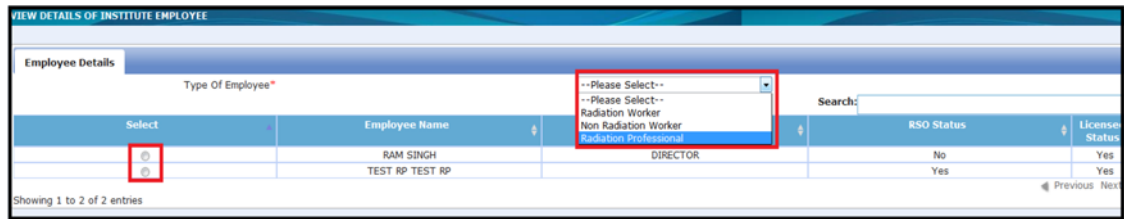
Employer need to select Type of employee as shown above and then select employee detail(s) and click on show details as shown above, the following screen will appear:



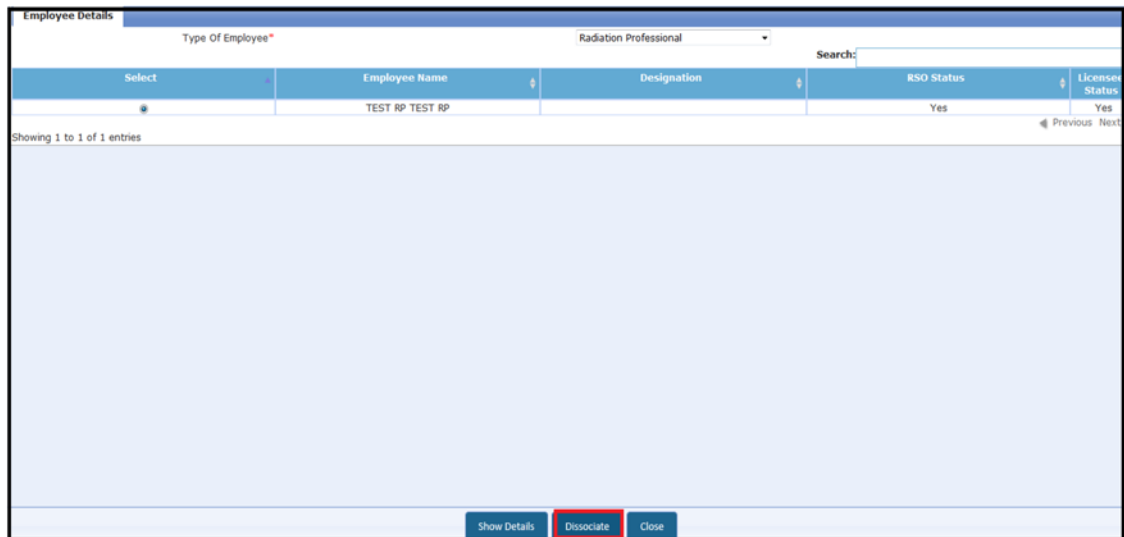
Employer can update employee details such as PMS No., designation, department, E-mail (O), Roles, etc. The details will be updated and can be viewed in 'My Institute Details'.

- **Dissociate Employee**

After clicking on update/dissociate employee, the following screen will appear:



Employer need to select Type of employee as shown above and then select employee detail(s) and click on dissociate as shown below. Then employee will be dissociated from the institution.



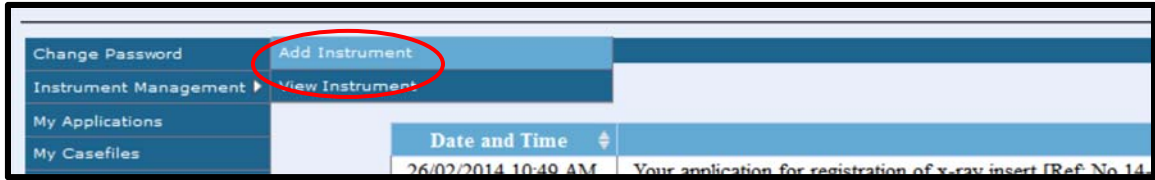
D. Declaration of Instrument

Measuring (viz. Secondary Standard Dosimeter), Monitoring (Viz. Survey meter), QA and Safety Tools can be declared one time in your eLORA account through Instrument Management menu. The status of instruments (viz. proposed/available, update in calibration date, etc) can also be managed through this menu.

- **Add Instrument**

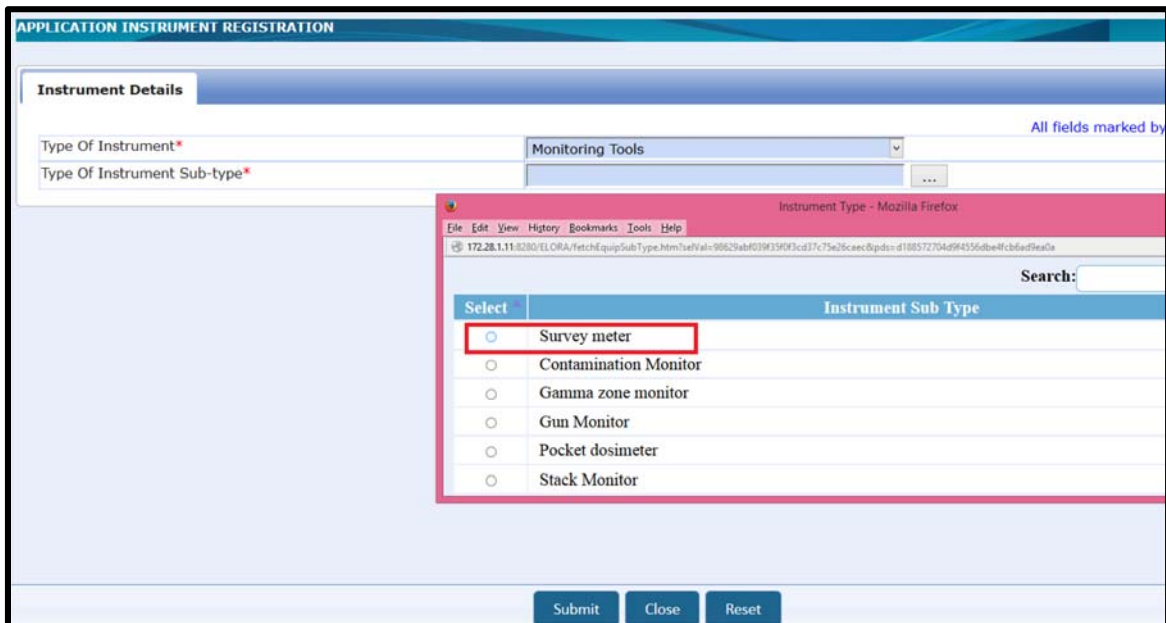
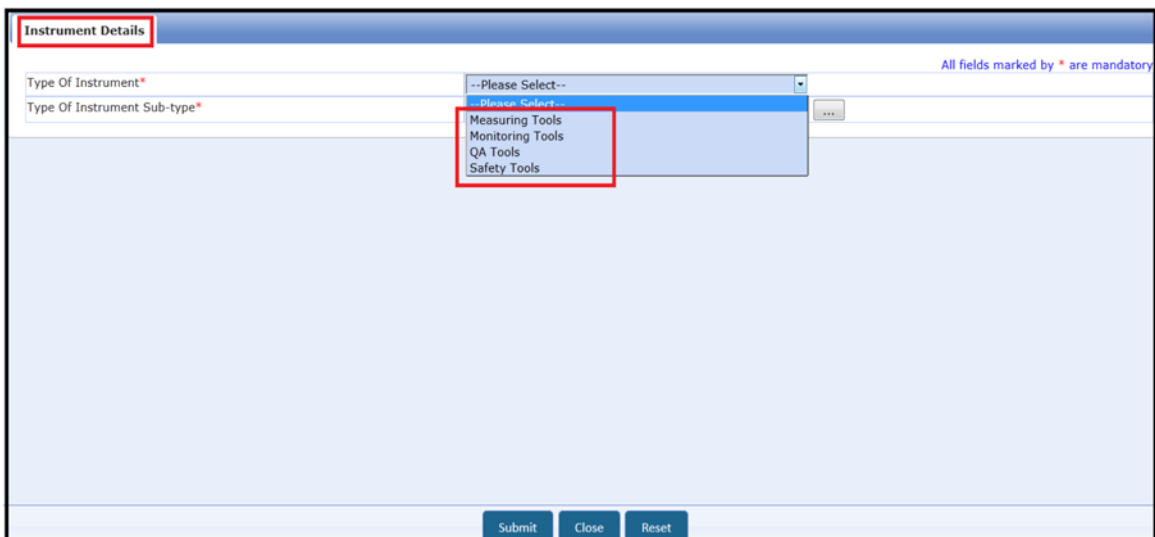
Medical Cyclotron facilities may require instruments e.g. survey meter, contamination monitor, area monitors etc for day to day functioning of the facility. The instruments need to be declared in e-LORA. To declare the same follow the path as:

Menu → **Instrument Management** → **Add Instrument/View Instrument**



Following options are available in Drop Down for Type of Instrument,

- Measuring Tools (Dose Calibrator etc)
- Monitoring Tools (Survey Meter, Area Monitor etc)
- QA Tools (Phantoms & other accessories)
- Safety Tools (Safety accessories like Fume Hood, Tongs, Glove Box, Hot Cells etc)



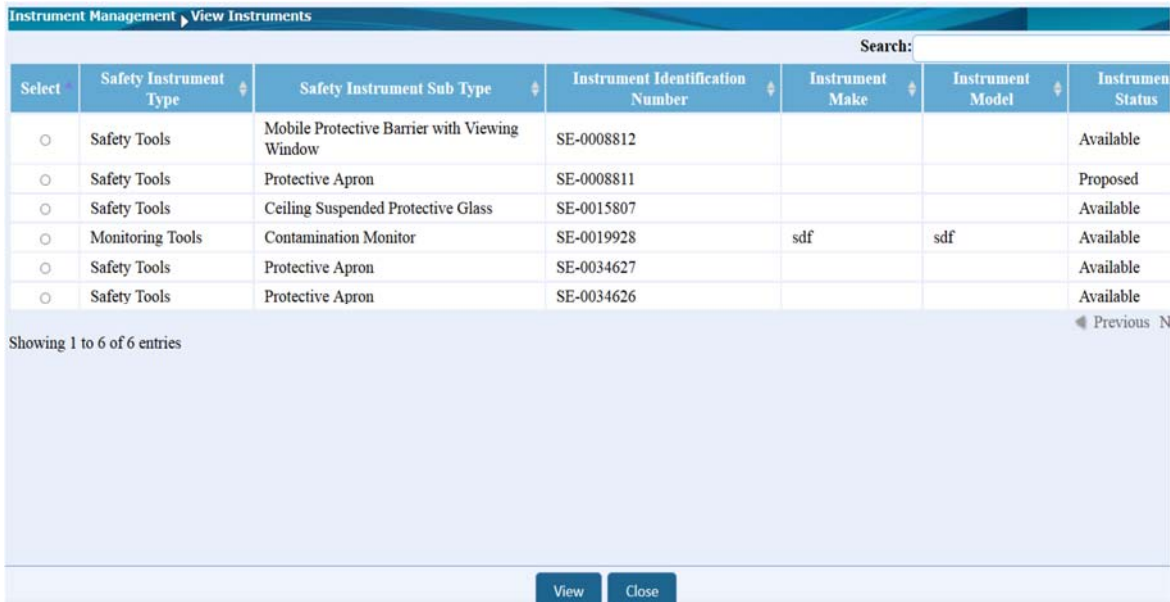
All the instruments has to be declared separately to the system which will store all the details. The LOV for Type of Instrument Sub-type will list out all the relevant instruments as per the selection in the previous field.

- **Manage Instrument Status**

Use Menu → **Instrument Management** → **View Instrument** to manage status of Instrument



After clicking on **View Instrument** the following screen will appears. You can view details of all instruments or update details of particular instrument or delete any particular Instrument from your Institute account. Select the instrument and click on **View** as shown below.

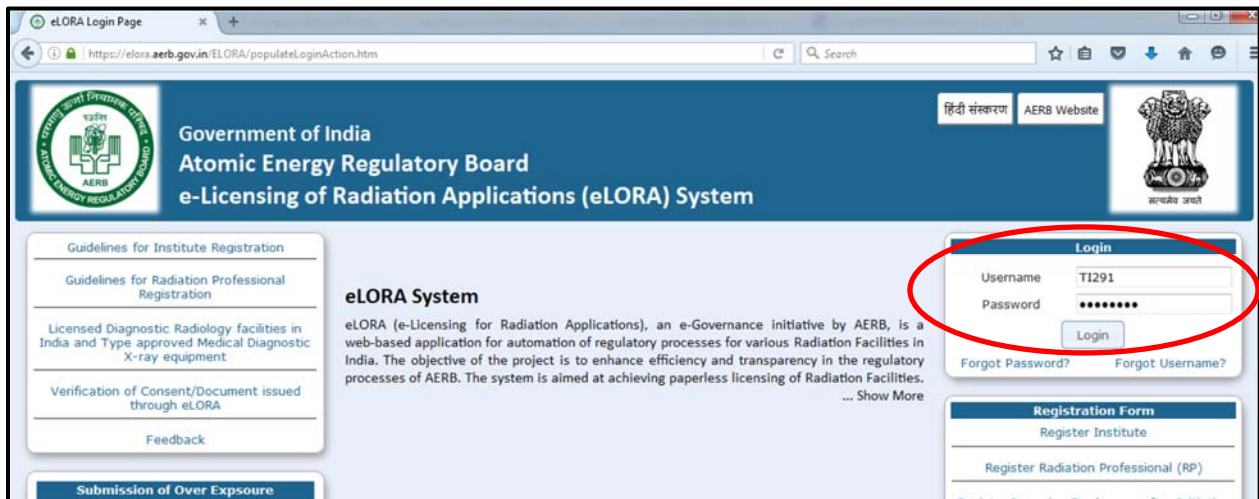


After clicking on “view’ the following screen will appear. Through this Employer of the Institute can modify status of the instruments (viz. Functional status, Calibration date, Calibration valid till date, Calibration energy and calibration lab detail). The selected equipment can also be deleted by clicking on ‘Delete’ button.

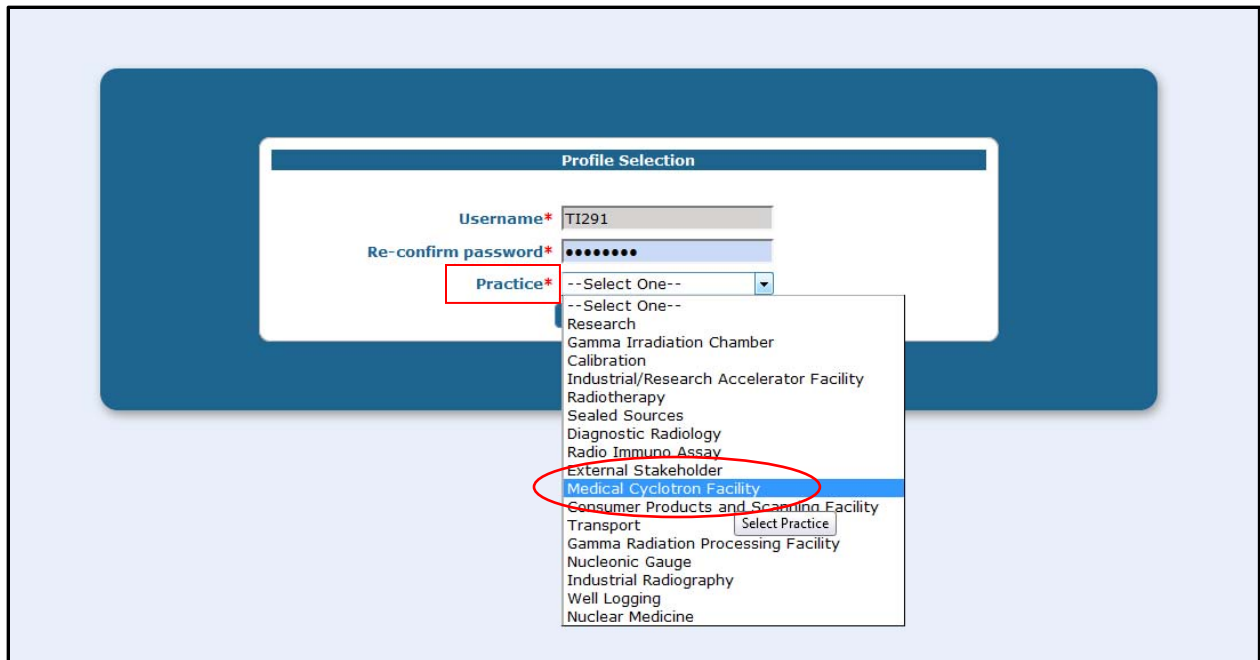
Important Note: Regulatory clearances will not be issued till all requisite Measuring instruments, Monitoring instruments, QA tools and Safety tools for particular type of facility are successfully recorded in eLORA.

Application for various AERB Consents through eLORA

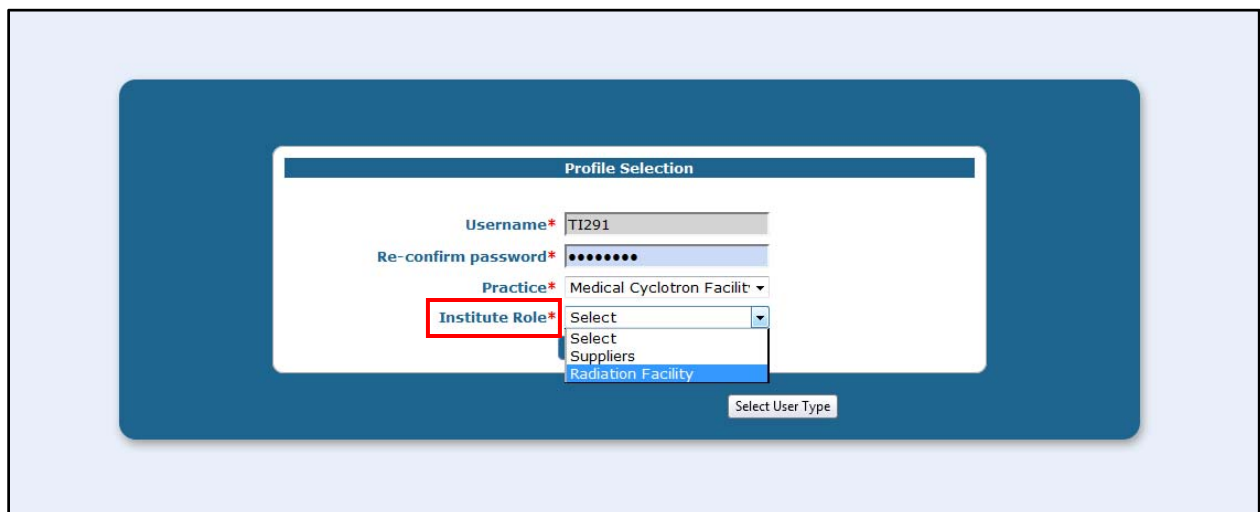
This user guide brief about the online submission process of the regulatory application forms for obtaining various clearances for operating the Medical Cyclotron Facility. To start transacting with eLORA, you must have a user credential i.e user id and password. This credential will be issued to you after your institute registration application is approved in eLORA. The process for Institute Registration has already been detailed in this guidelines. The user id and password issued through eLORA will be posted in your e-mail id provided in the application form. Use this login credential to access the menus available for this practice.

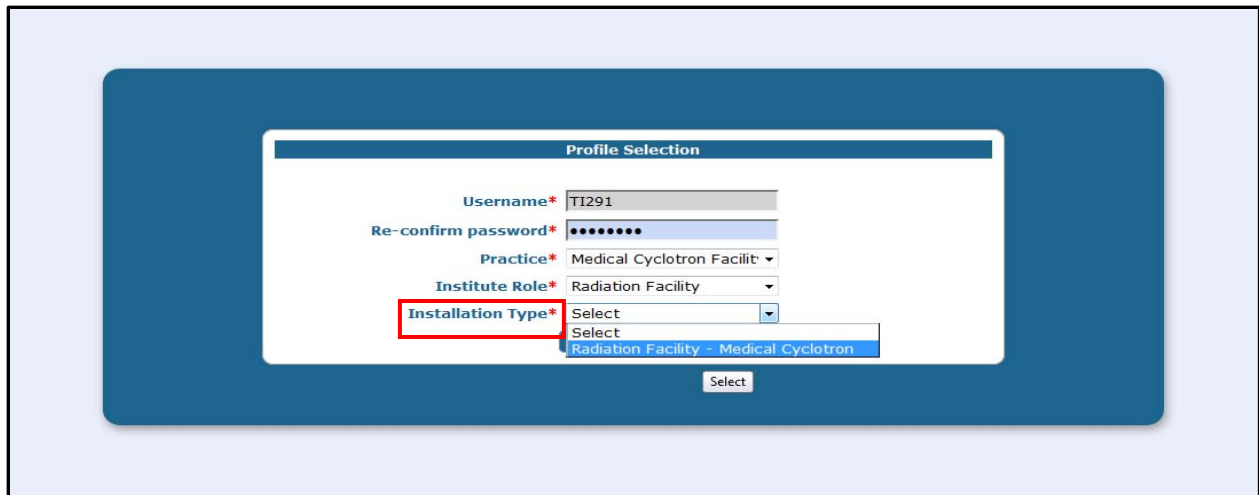


Click on “Login” the following screen appears.

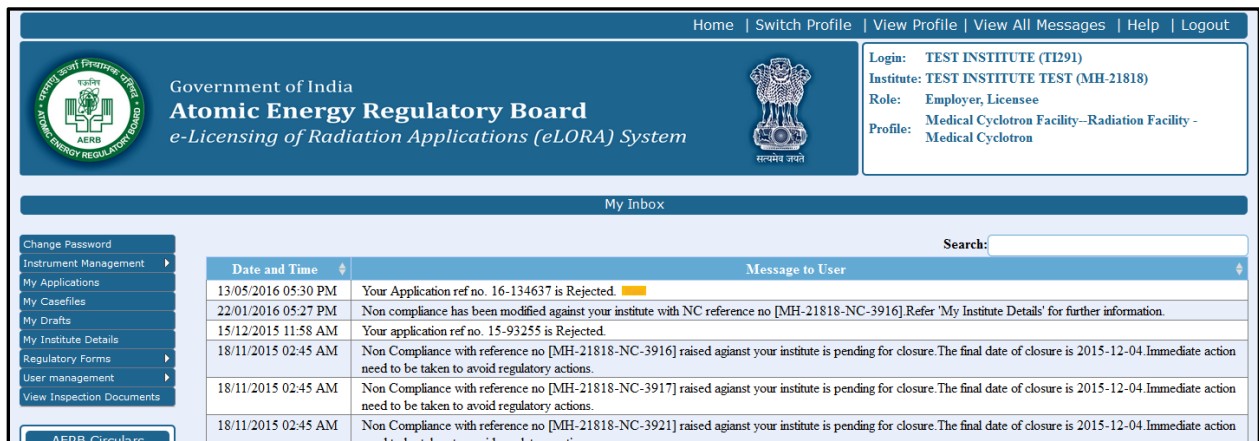


Reconfirm your password and select your practice, role and installation type. You can select only one item at a time. In case, you would like visit other profile, use “switch profile” option available in your logged in page.

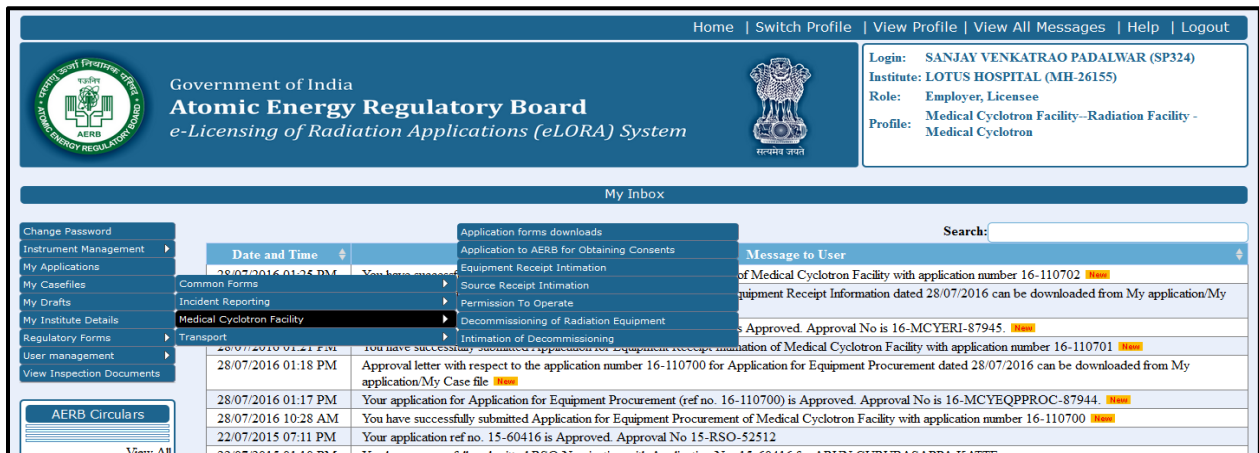




Click on **Launch**. The following screen will appear.



Click on **Regulatory Forms** to access the applicable form menu.

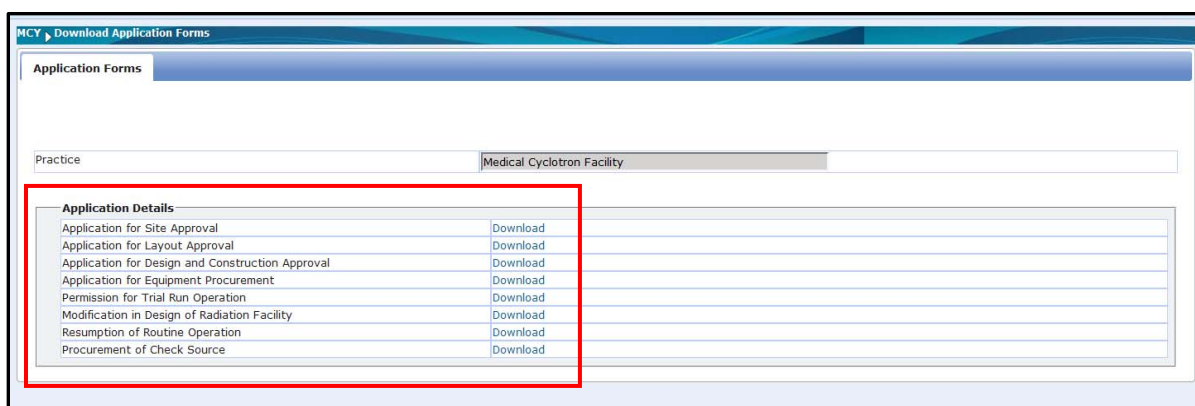


1. Application forms downloads

All relevant forms for application for different clearances for Medical Cyclotron Facility are available under this. You may access the same by the following path:

Menu: Regulatory Forms → Medical Cyclotron Facility → Application forms downloads

Download the requisite application form. Completely fill the application form, scan/soft copy with appropriate signature and save the file. Make sure that the file is in PDF format and the size is not exceeding the 4MB upload limit.



2. Application to AERB for Obtaining Consents

Application for any clearances pertaining to the facility should be processed through this step. To access the applications, please follow the path below:

Menu: Regulatory Forms → Medical Cyclotron Facility → Application to AERB for Obtaining Consents

Choose the appropriate application for what you want AERB clearance. Upload copy of the appropriate form for that stage as downloaded earlier. Ensure that the application should be duly filled in and signed in all respects and it belongs to that stage only.

You may provide Additional Information in the designated area.

MCY APPLICATION TO AERB FOR OBTAINING CONSENTS

General Details All fields marked by * are mandatory

Application Details

Application For* --Please select--
--Please select--
Application for Site Approval
Application for Layout Approval
Application for Design and Construction Approval
Application for Equipment Procurement
Permission for Trial Run Operation
Modification in Design of Radiation Facility
Resumption of Routine Operation
Procurement of Check Source

Additional Information

Application Form(PDF Copy)*

Attachment Details

We recommend you to complete the Form first and then proceed for the upload for your attachments. The maximum file size allowed for each file upload is 4 MB and allowed file type are: doc, docx, xls, xlsx, odt, jpeg, jpg, png, zip, pdf. Alternatively, you might zip it and upload it. Software for compressing files can be downloaded for free from <http://www.7-zip.org/download.html>

Attachments, If Any

Attachments	Attachments
<input type="text"/>	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Clear"/>
<input type="text"/>	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Clear"/>
<input type="text"/>	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Clear"/>
<input type="text"/>	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Clear"/>

Required attachments are listed in Application Forms for that stage. Name the attachments and upload them as required. Click on **Submit** to send the form to AERB.

On successful submission, the following screen will appear. You can download your submitted application form this link or from the menu “My Application”.

Your Application Number is 16-110577

Your Application has been submitted successfully. The link is given here [Application_Form](#)

In My Application menu you can view the submitted details at any time and the status of the application will be tracked from this menu such as Submitted, In Progress, Approved or Rejected.

Select	Application No	Description	Date Of Submission	Applicant	Application Status
<input checked="" type="radio"/>	16-110577	Application for Site Approval	26/04/2016 09:34 AM	TEST INSTITUTE	Submitted
<input type="radio"/>	16-110570	Source Receipt Intimation	25/04/2016 04:39 PM	TEST INSTITUTE	Approved
<input type="radio"/>	16-110563	Application for Source Procurement and Loading	25/04/2016 10:00 AM	TEST INSTITUTE	Approved
<input type="radio"/>	16-110562	Application for Site Approval	25/04/2016 09:58 AM	TEST INSTITUTE	Submitted
<input type="radio"/>	15-80796	Licensee Change	14/10/2015 09:59 AM	TEST INSTITUTE	Approved
<input type="radio"/>	15-39274	RSO Nomination - Anand Pinjarkar	09/10/2015 12:12 PM	TEST INSTITUTE	Rejected
<input type="radio"/>	15-38902	RSO Nomination - Anand Pinjarkar	20/02/2015 05:23 PM	TEST INSTITUTE	Closed

Showing 1 to 7 of 7 entries

Buttons: Show Details, Discard, Submit, Close

3. Equipment Receipt Intimation

After due approval of equipment procurement obtained from the regulatory body via the aforementioned procedure and further receipt of the Medical Cyclotron at the facility, you are required to submit the Equipment Receipt Intimation as mentioned below:

Menu: Regulatory Forms → Medical Cyclotron Facility → Equipment Receipt Intimation

The following screen will appear;

Fill up the page as mentioned below and submit;

Tab: Equipment Details

- **Procurement Approval No:** Choose appropriate **Procurement Approval No** from the list intended for the received medical cyclotron.
- **Equipment Local Supplier:** Choose appropriate **Supplier** of the equipment from the list.
- **Equipment Model:** Choose appropriate **Model** of the Cyclotron from the list.
- **Equipment Make:** Will be automatically populated based on previous selection.
- **Serial No:** Enter serial no of the equipment.
- **Date of Receipt:** Enter date of receipt of the cyclotron.

Requisite **Attachments** like Technical Specification, User Manual of the Cyclotron and any conformity certificate from National or International bodies should be attached with proper naming.

4. Source Receipt Intimation:

Similarly, after due approval of procurement of check source obtained from the regulatory body via the aforementioned procedure and further receipt of the same, you are required to submit the Source Receipt Intimation as mentioned below:

Menu: Regulatory Forms → Medical Cyclotron Facility → Source Receipt Intimation

The following screen will appear;

Fill up the page as mentioned below and submit;

Tab: Source Details

- **Procurement Approval No:** Choose appropriate **Procurement Approval No** from the list.
- **Source Supplier:** Choose **Supplier** of the source from the list.
- **Source Model:** Choose **Model** of the Source from the list.
- **Source Make/ Radioisotope:** Will be automatically populated based on previous selection.
- **Activity:** Enter activity of the source in specific unit.
- **Serial No:** Enter serial no of the source.
- **Date of Quoted Activity:** Enter quoted date of the activity entered previously.
- **Date of Receipt:** Enter date of receipt of the Source.

Requisite **Attachments**, if any, should be attached with proper naming.

5. Permission to Operate

After successful **Trial Run** of the installed Medical Cyclotron Facility, the user requires License for daily operation of the equipment. The application may be done by following the path below;

Menu: Regulatory Forms —> Medical Cyclotron Facility —> Permission to Operate

The screenshot shows the AERB e-LORA system interface. At the top, there is a navigation bar with links for Home, Switch Profile, View Profile, and View All. The main header includes the Government of India logo, the AERB logo, and the text "Government of India Atomic Energy Regulatory Board e-Licensing of Radiation Applications (eLORA) System". On the right, there is a user profile section with fields for Login, Institute, Role, and Profile.

Below the header, there is a "My Inbox" section. A sidebar menu on the left contains various options, including "Regulatory Forms". A dropdown menu is open under "Regulatory Forms", showing "Medical Cyclotron Facility" and "Transport". Under "Medical Cyclotron Facility", a sub-menu is open, showing "Permission To Operate" highlighted.

The main content area shows a table with columns for "Date and Time" and "Message to User". The table contains three rows of data, all dated 18/11/2015 02:45 AM. The messages are: "Non Compliance with reference no [MH-21818-NC-3917] raised agianst your institute is pending for closure.The final date of c need to be taken to avoid regulatory actions.", "Non Compliance with reference no [MH-21818-NC-3921] raised agianst your institute is pending for closure.The final date of c need to be taken to avoid regulatory actions.", and "Non Compliance with reference no [MH-21818-NC-3920] raised agianst your institute is pending for closure.The final date of c".

The following screen will appear;

Equipment Details

All fields marked by * are mandatory

Equipment Details

Type Of Application* --Please select--

Equipment Identification No* ...

Equipment Make

Equipment Model

Equipment Sr.No.

Attachment Details

We recommend you to complete the Form first and then proceed for the upload for your attachments. The maximum file size allowed for each file upload is 4 MB and allowed file types are: doc, docx, xls, xlsx, odt, jpeg, jpg, png, zip, pdf. Alternatively, you might zip it and upload it. Software for compressing files can be downloaded for free from <http://www.7-zip.org/download.html>

Attachments, if Any

Attachment

Browse... No file selected. Clear

Browse... No file selected. Clear

Submit Reset Close

Fill up the page as mentioned below and submit;

Tab: Equipment Details

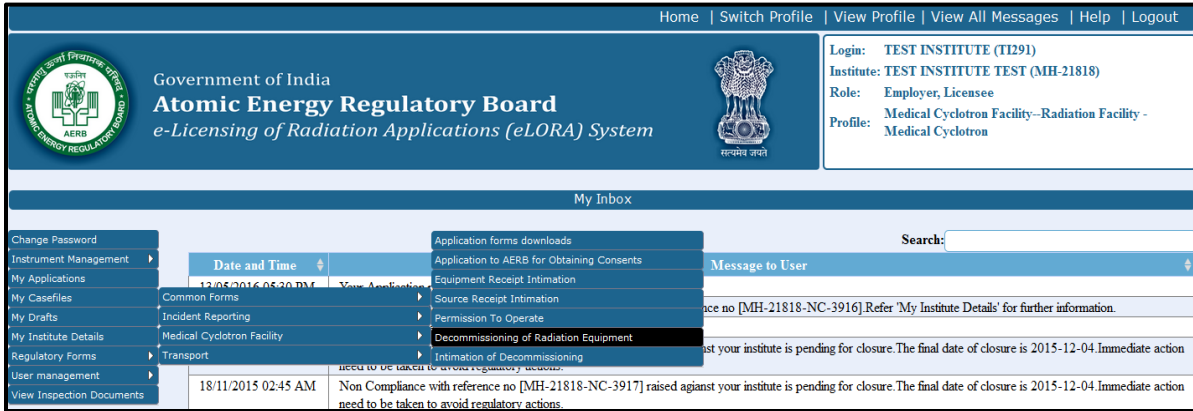
- **Type of Application:** Select **New**, if you are applying for License for the first time. Select **Renewal**, if you want to renew your already approved License.
- **Approval No:** Applicable for **Renewal** only. Select Approval No of the License from the list for which you require renewal.
- **Equipment Identification No:** Choose appropriate Medical Cyclotron. The list will populate the Medical Cyclotron for which you have received Equipment Receipt Intimation approval. For Renewal, the field will be auto populated.
- **Equipment Make:** Will be automatically populated based on previous selection.
- **Equipment Model:** Will be automatically populated based on previous selection.
- **Equipment Serial No:** Will be automatically populated based on previous selection.

Requisite **Attachments**, if any, should be attached with proper naming. For **New** License, mandatorily attach **Final Safety Analysis Report (FSAR)** as per the specified format.

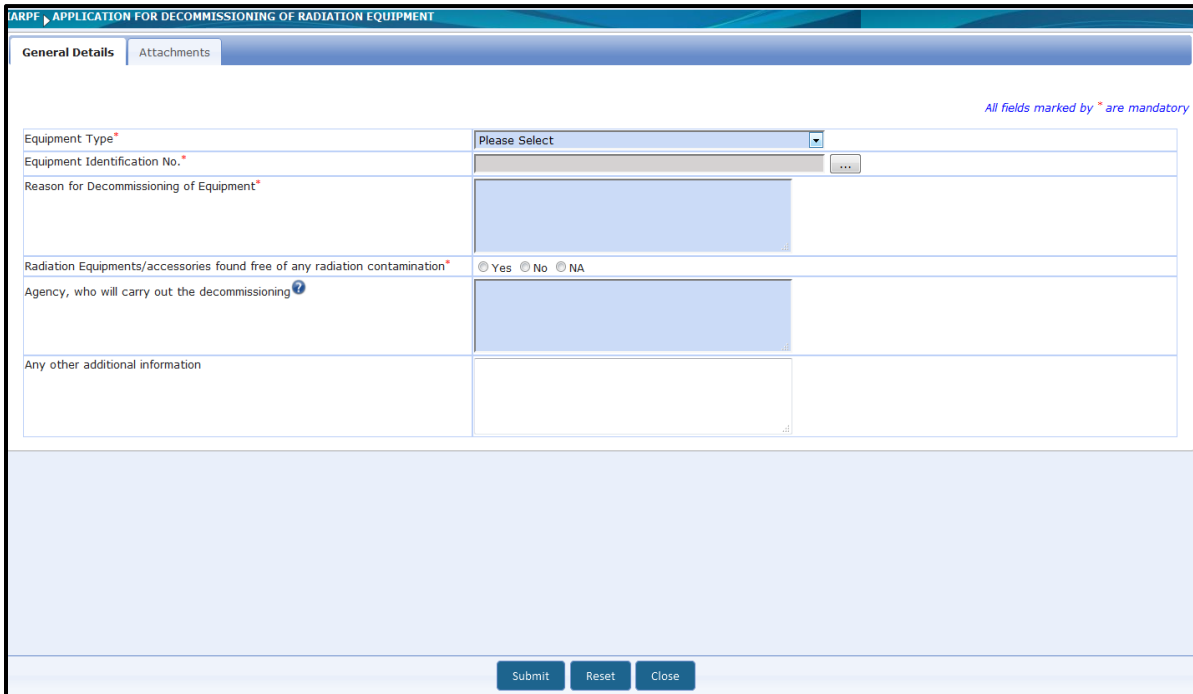
6. Decommissioning of Radiation Equipment

After useful life of the equipment, the facility may opt for decommissioning the equipment for which permission has to be sought from AERB. The Application for the same may be submitted by following the path as follows;

Menu: Regulatory Forms → Medical Cyclotron Facility → Decommissioning of Radiation Equipment



Screen shown below will follow;



ARPF APPLICATION FOR DECOMMISSIONING OF RADIATION EQUIPMENT

General Details | **Attachments**

All fields marked by * are mandatory

We recommend you to complete the Form first and then proceed for the upload for your attachments. The maximum file size allowed for each file upload is 2 MB and allowed file types are: doc, docx, xls, xlsx, odt, jpeg, jpg, png, zip, pdf. Alternatively, you might zip it and upload it. Software for compressing files can be downloaded for free from <http://www.7-zip.org/download.html>

Report on contamination check around the radiation equipment No file selected.

Any Other Attachment No file selected.

I have read and agree to the Terms & Conditions

Fill up the page as mentioned below and submit;

Tab: General Details

- **Equipment Type:** Select **Medical Cyclotron**.
- **Equipment Identification No:** Choose appropriate Medical Cyclotron. The list will populate the Medical Cyclotron for which you have received Equipment Receipt Intimation approval.
- **Reason for Decommissioning of Equipment:** Text Field. Write the reason for decommissioning.
- **Radiation Equipments/accessories found free of any radiation contamination:** Select between **Yes**, **No** and **NA**.
- **Agency, who will carry out the decommissioning:** Provide Name, Address, City & State of the agency involved in decommissioning.
- **Any other additional information:** Provide any information you want to share with AERB for the application.

Tab: Attachments

- Attach **Report on Contamination check around the equipment**.
- Attach Consent letter from the agency involved in decommissioning in **Any other attachment**.

7. Intimation of Decommissioning

Intimation of Decommissioning of the Equipment can be submitted by following the path as follows;

Menu: Regulatory Forms → Medical Cyclotron Facility → Intimation of Decommissioning

The screenshot shows the user interface of the Atomic Energy Regulatory Board (AERB) e-LORA system. The header includes the AERB logo, the text "Government of India Atomic Energy Regulatory Board e-Licensing of Radiation Applications (eLORA) System", and the user's profile information: "Login: TEST INSTITUTE (TI291)", "Institute: TEST INSTITUTE TEST (MH-21818)", "Role: Employer, Licensee", and "Profile: Medical Cyclotron Facility--Radiation Facility - Medical Cyclotron". The main content area is titled "My Inbox" and displays a list of messages. A message is highlighted with a blue background, containing the following text: "Non Compliance with reference no [MH-21818-NC-3917] raised against your institute is pending for closure.The final date of closure is 2015-12-04.Immediate action need to be taken to avoid regulatory actions." The message also includes a "Date and Time" of "18/11/2015 02:45 AM".

Following screens will follow;

The screenshot shows the "INTIMATION FOR DECOMMISSIONING OF RADIATION EQUIPMENT" form. The form is divided into two tabs: "General Details" and "Attachments". The "General Details" tab is active, showing a form with the following fields: "Equipment Type*" (Please Select), "Decommissioning Approval No.*", "Equipment Identification No.", "Equipment Serial No.", "Make", "Model", and "Date of Decommissioning*". A note at the top right of the form states "All fields marked by * are mandatory".

Fill up the page as mentioned below and submit;

Tab: General Details

- **Equipment Type:** Select **Medical Cyclotron**.
- **Decommissioning Approval No:** Choose appropriate Approval No from the list.
- **Equipment Identification No:** Will be automatically populated based on previous selection.
- **Equipment Serial No:** Will be automatically populated based on previous selection.
- **Make:** Will be automatically populated based on previous selection.
- **Model:** Will be automatically populated based on previous selection.
- **Date of Decommissioning:** Provide the date of completion of decommissioning.

Tab: Attachments

- Attach Decommissioning Report including Radiation Survey and Contamination check of the facility in **Any other attachment**.

8. Brief Description of the Regulatory Forms

Sr. No.	Stage / Application	Description
1.	Application for Site Approval	Applicable when applying for new facility
2.	Application for Layout Approval	Not Applicable
3.	Application for Design and Construction Approval	Applicable when applying for new facility after Site Approval

4.	Application for Equipment Procurement	Applicable for Procurement of Medical Cyclotron
5.	Permission for Trial Run Operation	Applicable after approval of Equipment Receipt Intimation and installation
6.	Modification in Design of Medical Cyclotron Facility	Applicable when there is a proposed change in design of the facility
7.	Resumption of Routine Operation	Applicable after the design modification approval.
8.	Procurement of Check Source	Applicable when the check source will be procured

9. Common Forms

The following applications may also be submitted through eLORA by following the path;

Menu: Regulatory Forms → Common Forms

1. Nominate RSO
2. Non-utilization of Approval
3. Employer change initiation
4. NC Response Screen
5. Safety Status Report
6. Feedback on Grant of Consent
7. Feedback on Regulatory Inspection
8. Enforcement Response Screen
9. Exposure Investigation Report
10. Update Operational Status
11. Security Plan

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