National Centre for Polar & Ocean Research

(Ministry of Earth Sciences, Government of India)
Headland Sada, Vasco-da-Gama, Goa 403 804

AL-1208
Registration Form

Antarctic Operations Division

Participation in Indian Scientific Expedition to Antarctica
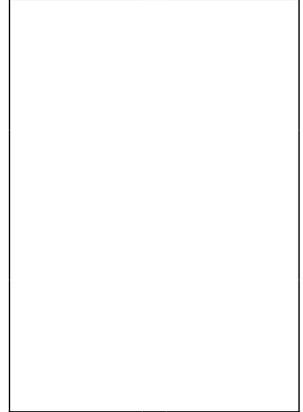
1.Personal Details

Title

Last Name

First Name

Middle Name

Nationality

Date of Birth

Sex

Marital Status

2.Organizational Details

Designation

Division/ Unit

Organization

Address

City

State

Postal Code

Country

	Country code	Place code	Phone number
Phone-1			
Phone-2			

	Country code	Place code	Fax number
Fax-1			
Fax-2			

	Country code	Phone number
Mobile-1		
Mobile-2		

Email-1

Email-2

3.For Armed Forces Personnel

Number

Rank

Branch/ Trade

Unit/ Ship

Command Formation Headquarter

4.PAY Details

Pay Level in 7CPC :

Fixed Pay without HRA : Rs.

Note: Pay level applies to permanent government employees, while fixed pay applies to contractual employees

5.Participation Choice

Expedition

Period

Area of Operation

Work Sphere

Description of Project and Logistic requirement

6.Earlier Participation(s)

Whether participated in any of the earlier Antarctic Expeditions ? If 'Yes' give details of maximum two expeditions

Last Expedition

Last but one Expedition

Period

Period

7.Residential Address

(a)Primary Address for correspondence

Address to (Name) _____

Flat/plot/block no. _____

Buildling/locality name _____

Home City _____

Home State _____

Country _____ Postal Code _____

Phone-1(Home)	Country code	Place code	Phone number
Fax-1(Home)	Country code	Place code	Fax number
Mobile-1(Home)	Country code		Phone number

Email-1 _____

(b)Alternate Address for correspondence (Family)

Address to (Name) _____

Flat/plot/block no. _____

Buildling/locality name _____

Home City _____

Home State _____

Country _____ Postal Code _____

Phone-2(Home)	Country code	Place code	Phone number
Fax-2(Home)	Country code	Place code	Fax number
Mobile-1(Family)	Country code		Phone number

Email-2 (Family) _____

8.Physical / Health Details

Chronic Ailment (if any) _____

Allergic to (if any) _____

Bloodgroup _____ Height (cm) _____ Weight(Kg) _____ Shoe size(UK) _____

9.Family Details

Mother's Name _____

Father's Name _____

Name of Spouse _____

Nominee for Insurance

Name	Relationship	Date of birth

Dependents

	Name	Relationship	Date of birth
1			
2			
3			
4			
5			

10.BANK & PAN DETAILS

Bank Name

Account no.

IFSC code

Branch Name

Payable at

PAN CARD Number

Name(as depicted on PANCARD)

11.Passport Details

Do you have Official Passport? : ◯ Yes ◯ No

If YES:

Official Passport No. _____

Date of Issue _____

Place of Issue _____

Date of Expiry _____

Do you have Personal Passport? : ◯ Yes ◯ No

If YES:

Personal Passport No. _____

Date of Issue _____

Place of Issue _____

Date of Expiry _____

(If you do not have an official passport or your passport is due to expire within 6 months, fill up the form provided in the link: http://passportindia.gov.in/AppOnlineProject/Resources/DiplomaticFormV2.0.pdf.zip)

Aadhar Card No. _____

Signature _____