

## **National Centre for Polar & Ocean Research**

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

## $\frac{AL\text{-}1208}{\text{Registration Form}}$

**Antarctic Logistics Division** 

| Participation in Indian Scient   | ific Expedition to Antarctica                |  |  |  |  |
|--|--|--|--|--|--|
| 1.Personal Details   |  |  |  |  |  |
| Title  | Nationality                                  |  |  |  |  |
| Last Name  | Date of Birth                                |  |  |  |  |
| First Name   | Sex  |  |  |  |  |
| Middle Name  | Marital Status                               |  |  |  |  |
| 2.Organizational Details   |  |  |  |  |  |
| Designation  | Country code Place code Phone number Phone-1 |  |  |  |  |
| Division/ Unit   | Country code Place code Phone number Phone-2 |  |  |  |  |
| Organization   | Country code Place code Fax number  Fax-1    |  |  |  |  |
| Address  | Country code Place code Fax number  Fax-2    |  |  |  |  |
| City   | Country code Phone number  Mobile-1          |  |  |  |  |
| State  | Country Code Phone number  Mobile-2          |  |  |  |  |
| Postal Code  | Email-1                                      |  |  |  |  |
| Country  | Email-2                                      |  |  |  |  |
| 3.For Armed Forces Personnel   | 4.PAY Details                                |  |  |  |  |
| Number   | Pay Level 7CPC                               |  |  |  |  |
| Rank   | Total Pay in 7CPC : Rs.                      |  |  |  |  |
| Branch/ Trade  | Pay as on July,2019 : Rs.                    |  |  |  |  |
| Unit/ Ship   | Pay as on July,2020 : Rs.                    |  |  |  |  |
| Command Formation Headquarter  |  |  |  |  |  |
| 5.Participation Choice   |  |  |  |  |  |
| Expedition   | Area of Operation                            |  |  |  |  |
| Period   | 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  | Period                                       |  |  |  |  |
| Last but one Expedition  | Period                                       |  |  |  |  |

| 7.Residential Address   |                     |   |                          |   |                   |
|---|---------------------|---|--------------------------|---|-------------------|
| (a)Primary Address for correspondence   | (b)Alternate Ad     | nate Address for correspondence (Family)                    |                          |   |                   |
| Address to (Name)   |                     | Address to (Name)   |                          |   |                   |
| Flat/plot/block no.   |                     | Flat/plot/block no.   |                          |   |                   |
| Buildling/locality name   |                     | Buildling/locality name                                     |                          |   |                   |
| Home City   |                     | Home City   |                          |   |                   |
| Home State  | Home State          |   |                          |   |                   |
| Country Postal Code   |                     | Country Postal Code   |                          |   |                   |
| Phone-1(Home)  Country code Place code Phone number  Fax-1(Home)  Country code Place code Fax number  Phone number  Country code Place code Fax number  Phone number  Phone number  Country code Place code Fax number  Country code Place code Fax number  Phone number  Phone number  Email-1 |                     | Phone-2(Home) Fax-2(Home) Mobile-1(Family) Email-2 (Family) | Country code P           | lace code Phone nur lace code Fax numbe Phone num Phone num | er                |
| 8.Physical / Health Details   |                     | ·   |                          |   |                   |
| Chronic Ailment (if any)  |                     | Bloodgroup  | Height (cm)              | Weight(Kg)  | Shoe size(UK)     |
| Allergic to (if any)  |                     | Бюбадгоар   | ricignit (cm)            | Weight(ng)  | SHOE SIZE(OK)     |
| Allergic to (ii arry)   |                     |   |                          |   |                   |
| 9.Family Details  |                     |   |                          |   |                   |
| Mother's Name   | Dependents          |   |                          |   |                   |
| Father's Name   |                     | Name Relationship Date of birth                             |                          |   |                   |
| Name of Spouse  |                     | 2   |                          |   |                   |
| Nominee for Insurance   |                     | 3   |                          |   |                   |
| Name Relationship Date of birth   |                     | 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                | Do you have Per   | rsonal Passpor           | t?:   | Yes ( No          |
| If YES:   |                     | If YES:   |                          |   |                   |
| Official Passport No.   |                     | Personal Passport No.                                       |                          |   |                   |
| Date of Issue   |                     | Date of Issue   |                          |   |                   |
| Place of Issue  |                     | Place of Issue  |                          |   |                   |
| Date of Expiry  |                     | 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 provide | • •   | a.gov.in/AppOnlineProjec | t/Resources/DiplomaticFe                                    | ormV2.0.pdf.zip ) |
| Aadhar Card No.   |                     | Signature   |                          |   |                   |