

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 Sc	cientific Expeditio	n 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 Place code Phone number				
Organization		Country code Place code Fax number Fax-1				
Address		Country code Place code Fax number Fax-2				
City		Mobile-1 Phone number				
State		Mobile-2 Country code Phone number				
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,2022 : Rs.				
Unit/ Ship		Pay as on July,2023 : Rs.				
Command Formation Headquarter						
5.Participation Choice						
Expedition		Area of Operation				
Period		Work Sphere				
Description of Project and Logistic requirem	nent					
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 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) Country code Place code Phone number Fax-2(Home) Country code Place code Phone number Place code Fax number Country code Place code Fax number Phone number Phone number Phone number Phone number Phone number					
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	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				