NATIONAL CENTRE FOR POLAR AND OCEAN RESEARCH HEADLAND SADA, GOA - 403 804

APPLICATION FOR INDIAN SCIENTIFIC EXPEDITION TO SOUTHERN OCEAN 2023

NAME OF THE PRINCIPAL INVESTIGATOR:	TEL.: (Off.)
	TEL.: (Res.)
POSITION:	
ADDRESS:	FAX:
	E-MAIL:
NAME OF THE CO-PRINCIPAL INVESTIGATOR:	TEL.: (Off.)
	TEL.: (Res.)
	FAX:
	E-MAIL:
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TITLE OF THE PROJECT:
Whether ongoing or a new proposal: If ongoing programme, please mention accomplishment: (Separate sheets [as annexure] should be attached with the ongoing/new proposals for detailed description about the project with
Introduction, Rationale, Objectives, Materials & Methods, Scientific problem to be addressed by the execution of the project, Results from Previous Studies, Expected Outcome):
SCIENTIFIC AIMS & OBJECTIVES:

DETAILS OF THE PASSPORT (Cruise Participants): Please indicate, number, place of issue, date of expiry, official/personal
SAMPLE STORAGE REQUIREMENTS:

INSTRUMENTS PROPOSED TO BE CARRIED TO SOUTHERN OCEAN (Name of the instrument and approximate weight):
Please mail completed forms to Dr. N. Anilkumar, Group Director, Ocean Science Group, National Centre for Polar & Ocean Research [NCPOR], anil@ncpor.res.in; anilncaor@gmail.com on or before 10 July 2022 Tel L 0832- 2525513 with a copy to the Director, National Centre for Polar & Ocean Research, Headland Sada, Goa 403 804 at director@ncpor.res.in Signature of the PI:

(Endorsement from the Head of the Institute/Organization)

- 1. Certified that Institute has no objection to the implementation of the above project and the participation of the above officials in the proposed field studies at Indian Scientific Expedition to Southern Ocean 2023.
- 2. Certified that the requisite laboratory infrastructure and administrative facilities will be extended to PI through out the duration of above mentioned project.
- 3. Certified that Institute will take financial and management responsibilities of the project as per the existing rules of the Institute.
- 4. Certified that participants recommended have been declared medically fit by the recognised medical authority.

Name and Signature of Head of the Institute/Organization SEAL