



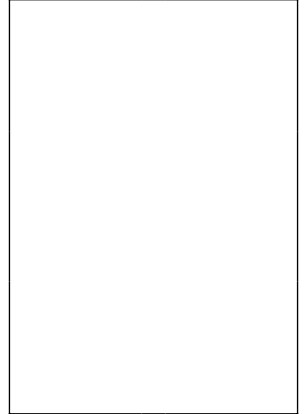
## National Centre for Polar & Ocean Research

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

# AL-1208 Registration Form

### Antarctic Logistics Division

## Participation in Indian Scientific Expedition to Antarctica



### 1. Personal Details

Title	_____	Nationality	_____
Last Name	_____	Date of Birth	_____
First Name	_____	Sex	_____
Middle Name	_____	Marital Status	_____

### 2. Organizational Details

Designation	_____	Phone-1	Country code	Place code	Phone number
Division/ Unit	_____	Phone-2	Country code	Place code	Phone number
Organization	_____	Fax-1	Country code	Place code	Fax number
Address	_____	Fax-2	Country code	Place code	Fax number
City	_____	Mobile-1	Country code	Phone number	
State	_____	Mobile-2	Country code	Phone number	
Postal Code	_____	Email-1	_____		
Country	_____	Email-2	_____		

### 3. For Armed Forces Personnel

Number	_____
Rank	_____
Branch/ Trade	_____
Unit/ Ship	_____
Command Formation Headquarter	_____

### 4. PAY Details

Pay Level	7CPC
Total Pay in 7CPC :	Rs. _____
Pay as on July, 2023 :	Rs. _____
Pay as on July, 2024 :	Rs. _____

### 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

Address to (Name) \_\_\_\_\_  
Flat/plot/block no. \_\_\_\_\_  
Building/locality name \_\_\_\_\_  
Home City \_\_\_\_\_  
Home State \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone-1(Home) 

Country code	Place code	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

  
Fax-1(Home) 

Country code	Place code	Fax number
<input type="text"/>	<input type="text"/>	<input type="text"/>

  
Mobile-1(Home) 

Country code	Phone number
<input type="text"/>	<input type="text"/>

  
Email-1 \_\_\_\_\_

#### (b) Alternate Address for correspondence (Family)

Address to (Name) \_\_\_\_\_  
Flat/plot/block no. \_\_\_\_\_  
Building/locality name \_\_\_\_\_  
Home City \_\_\_\_\_  
Home State \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone-2(Home) 

Country code	Place code	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

  
Fax-2(Home) 

Country code	Place code	Fax number
<input type="text"/>	<input type="text"/>	<input type="text"/>

  
Mobile-1(Family) 

Country code	Phone number
<input type="text"/>	<input type="text"/>

  
Email-2 (Family) \_\_\_\_\_

### 8. Physical / Health Details

Chronic Ailment (if any) \_\_\_\_\_ Bloodgroup  Height (cm)  Weight(Kg)  Shoe size(UK)   
Allergic to (if any) \_\_\_\_\_

### 9. Family Details

Mother's Name _____	Dependents		
Father's Name _____	Name	Relationship	Date of birth
Name of Spouse _____	1	_____	_____
Nominee for Insurance	2	_____	_____
	3	_____	_____
	4	_____	_____
	5	_____	_____
	_____	_____	_____

### 10. BANK & PAN DETAILS

Bank Name \_\_\_\_\_  
Account no. 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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IFSC code \_\_\_\_\_  
Branch Name \_\_\_\_\_  
Payable at \_\_\_\_\_  
PAN CARD Number 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name(as depicted on PANCARD) \_\_\_\_\_

### 11. Passport Details

Do you have Official Passport? :  Yes  No Do you have Personal Passport? :  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 provided in the link: <http://passportindia.gov.in/AppOnlineProject/Resources/DiplomaticFormV2.0.pdf.zip>)

Aadhar Card No.  Signature