



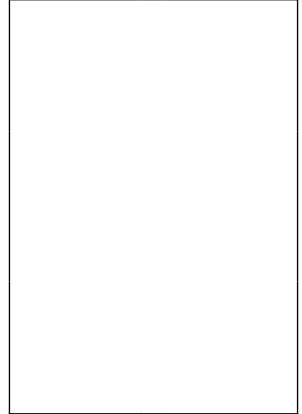
National Centre for Polar & Ocean Research

(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	_____	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 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 _____ 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)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Fax-1 (Home)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Mobile-1 (Home)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 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)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Fax-2 (Home)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Mobile-1 (Family)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Email-2 (Family) _____

8. Physical / Health Details

Chronic Ailment (if any) _____ Bloodgroup

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 Height (cm)

--

 Weight(Kg)

--

 Shoe size(UK)

--

 Allergic to (if any) _____

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 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.

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Signature

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