



Permit Application Form

(Under Antarctic Treaty System and Environmental Protocol)

For entry into Antarctic Specially Protected Area (ASPA)



Version: 3.0 August 3, 2021

Protection of Antarctica
 India's accession to Instrument of Antarctica Treaty executed in 1983, thereafter, signing Madrid Protocol also known as Environmental Protocol (Protocol on Environmental Protection to Antarctica Treaty) in the year 1998 (adopted in 1991, enforced in 1998), affirms comprehensive protection of Antarctic Environment and its dependent and associated ecosystems.

Environmental Authorization and Permits required under *Protocol on Environmental Protection to the Antarctica Treaty (Madrid Protocol)* for commencing activities south of 60 degrees south and marine area under the *Convention for the Conservation of Antarctic Marine Living Resources (CCAMLR)*.

This form is required for : Applicant willing to enter any ASPA located within the Antarctica Treaty Area including CCAMLR area.

Applicable to:

- Indian Antarctic Expedition Member/s and other organization/s or any citizen of India, undertaking activities in the Antarctic Treaty Area through the Indian Antarctic Expedition or part of it, including scientists and logistical personnel.
- Citizens and organizations of State Party other than India, if their activity is part of the Indian Antarctic Expedition.

For Official Use Only

Reviewer: (Environmental Officer) Name, Date and Signature	Review Date: File [Records] reference:	Authorizing Officer: (Director, NCPOR) Name, Date and Signature	Authorization Date: Details of Post Visit Report:



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(Under Antarctic Treaty System and Environmental Protocol)

For entry into Antarctic Specially Protected Area (ASP)



PART A: Applicant Details

A1. Name of Applicant (proponent or Principal Investigator): _____

A2. Indian Antarctic Expedition Details/Other Expedition (*as applicable*): _____

A3. Project Title: _____

A4. Purpose: Scientific Logistics

A5. Duration: Summer Winter

A6. Project Number (if applicable): _____

A7.1 Organization Name: _____

A7.2 Postal address of Principal Investigator: _____

Email address: _____

Telephone/Mobile number: _____

Website: _____

Nationality: _____

(For more than one participant, including foreign nationals, please fill Annexure A)

(If space provided in the application to submit required information is not sufficient, may you please attach a separate sheet)

PART B: Details of ASPA/Activity

B1. Name and details of ASPA, Intent to visit

.....
(name and number of Antarctic Specially protected Areas or Historic Sites and Monuments you intend to visit)

For the complete list of ASPA/ASMA refer https://documents.ats.aq/ATCM42/WW/atcm42_ww006_e.pdf

For the complete list of HSM refer https://www.ats.aq/documents/recatt/att580_e.pdf

B2. Activity Details

Please provide a detailed overview of the proposed activity stating its purpose: *(Please refer to sections of your attached permit application, else , expand this section to describe all the activities you plan to undertake in Antarctica, comprising details of any special equipment you may require or any other way you may interact with the environment, combined with potential inputs, outputs or disturbance that may be produced(for example, collection of drinking water, possibility of spills, etc.).*

B 2.1 Number of people who need to access the ASPA at any one time (including support personnel): _____

B 2.2 Mode of Transport/Approach:

Travel to the ASPA: Foot Vehicle Snow mobile Helicopter
Travel within the ASPA: Foot Vehicle Snow mobile Helicopter

B 2.3 What are the locations of the proposed activity/activities? (Please provide the name and geographic coordinates of locations)

Name of location(s): _____

Co-ordinates of location(s): _____

B 2.4 What are the planned dates you will undertake activities in Antarctica? _____

B 2.5 What is the frequency and duration of activities? _____

B 2.6 Does the activity require any sampling, installation or removal of equipment?

Yes No

If yes, please provide the details of equipment and methods that will be used: _____

B 2.7 Can your activity be conducted in accordance with the management plan for the area?
(Refer <https://www.ats.aq/devph/en/apa-database/search#apa-results> for management plans)

Yes No

B3 Alternatives to the Activity

B 3.1 What are the possible alternatives to the activity, including the alternative of not proceeding with the activity? State the consequences of each alternative.

B 3.2 Can the activity be conducted elsewhere:

Yes

No

If yes, please provide the details of place where proposed activity can be performed: _____

B 3.3 Will your activity disturb birds or seals (such as by approaching closer than the minimum approach distance (provided in guidelines* as well as individual Management Plan of ASPA) by foot, vehicle, vessel or aircraft to:

• Individuals

Yes

No

• Concentrations (20+)

Yes

No

• Breeding or moulting animals

Yes

No

If any above answer is yes, then details: _____

B 3.4 Will your activity involve sampling or interfering with plants:

Yes

No

(Article III, Annex II, EP)

If yes, then details _____

B 3.5 Will your activity involves sampling lakes, terrestrial or glaciated environments for microbes or genetic material? : Yes No

If yes, then details:

Number of Sample Location: _____

Weight/Volume of Sample to be collected: _____

B 3.6 Will your activity involves collecting, harvesting and/or carrying out research on any marine organisms? : Yes No *(Annex IV, EP)*

If yes, then details: _____

B 3.7 Will your activity involve gathering or collecting meteorites, or remove rocks, fossils or meteorites from the ASPA? : Yes No *(Article III, Annex V, EP)*

If yes, then details:

Number of Sample Location: _____

Weight/Volume of Sample to be collected: _____

B4 Environmental Impacts on Flora and Fauna (or activities involving a bird, seal or invertebrate) and Mitigation Measures

B 4.1 Will your activity, if authorised, cause (for fauna only):

- Death Yes No (*Article III, Annex II,EP*)
- Injury Yes No (*Article III, Annex II,EP*)
- Other interference Yes No (*Article I, Annex II,EP*)

B 4.2 Science and/or Ethics Committee Approval

If the activity involves invasive techniques on native fauna, please provide evidence that the proposed methods have been approved (or approval has been sought and is being processed) by an independent animal ethics committee. (*Article III, Annex II, EP*) _____

B 4.3 Taking them elsewhere, or taking samples or parts such as moulted feathers:

Yes No (*Article I, Annex II, EP*)

B 4.4 Will your activities have any potential impact on the ice, water or air quality?

Yes No (*Article III, Protocol on EP*)

If yes, please provide details with mitigation measures: _____

B 4.5 Will your activities have any potential impact on wildlife or wildlife habitat?

Yes No (*Article III, Protocol on EP*)

If yes, please provide details with mitigation measures: _____

B 4.6 Will your activity involve importing non-indigenous species or prohibited substances into ASPA?:

(*Article III, Annex V, EP*)

Yes No (*Article III, Annex II, EP*)

(Please refer http://www.ats.aq/devAS/ats_meetings_doc_database.aspx?lang=e&menu=5)

If yes, provide details: List species being studied or potentially impacted e.g. observed, disturbed, sampled (including dead or moulted parts), or other impacts on breeding locations or dwelling place.

Common name of species	Scientific name of species	Maximum number that will be affected	Type of effect

B 4.7 Will your activities have any potential impact on vegetation, such as moss or lichen, and its available habitat?

Yes No

(Article III, Protocol on EP)

B 4.8 Will your activities have any potential impact on ecological communities?

Yes No

(Article III, Protocol on EP)

If yes, please provide details with mitigation measures: _____

B 4.9 Will your activities have any potential impact on Heritage values?

Yes No

(Article III, Protocol on EP)

If yes, please provide details with mitigation measures: _____

B 4.10 Will your activities have any potential impact on geology?

Yes No

(Article III, Protocol on EP)

If yes, please provide details with mitigation measures: _____

B 4.11 Will your activities have any potential impact on Wilderness and aesthetic values?

Yes No

(Article III, Protocol on EP)

If yes, please provide details with mitigation measures: _____

B 4.12 Will your activities have any potential impact on other programmes or projects?

Yes No

If yes, please provide details with mitigation measures: _____

B 4.13 Any other impact on Environment (which has not been mentioned above): _____

B 4.14 Any specific sensitivities involved and any mitigation measures planned (refer to appropriate management plans):

Yes No

If yes, provide details: _____

B5. Likely short and long-term impacts of the proposed activity on

- Individual members of affected species Yes No (*Article I, Annex II, EP*)
- Total number of species to be affected
- The species as a whole Yes No (*Article I, Annex II, EP*)
- The ecological community Yes No (*Article III, Annex II, EP*)

If the answer is yes, provide details: _____

*IAATO Guidelines to Minimize Seabirds Landing on Ships

IAATO Wildlife Watching Guidelines for Emperor Penguins and Leopard Seals

Working Paper on Guidelines for the Operation of Aircraft near Concentrations of Birds in Antarctica

Update on Boot and Clothing Decontamination Guidelines and the Introduction and Detection of Diseases in Antarctic Wildlife: IAATO's Perspective

Part C:

C1. Access to Biological Resources

C 1.1 If your activity is in the Schirmacher Hills or Larsemann Hills intent to collect biological material for bio-prospecting, whether, an MoU has been developed between your organization and NCPOR.

Yes No

C 1.2 Please provide details of sample collection (For example, collecting genetic material from Antarctic, flora and/or fauna for the purpose of extracting future potential economic value, or where collection might lead to commercial applications) *(Article III, Annex V, EP)*

C2. Weapons

Does your intended activity require the use of any weapon?

Yes No

If yes, provide details *(Article 1, Antarctica Treaty)*: _____

C3. Other issues (In case IEE/CEE) required and prepared for proposed activities)

Please indicate:

- Methods used to forecast the impacts of the activity and develop mitigation measures (such as consultation or experience with similar activities), and any uncertainties/knowledge gaps relevant to assessing likely impacts

- Any activity that may have highly uncertain impacts on environment:

- Any others matters thought relevant by those completing this document.

Questions, queries of this form (and statutory declaration for any biological sampling) can be forwarded to the Director with cc to Environmental Officer as below.

Email to: director@ncpor.res.in or mravi@ncpor.res.in and cc to anooptiwari@ncpor.res.in or anooptiwari.ncpor@nic.in

Phone: +91 832 2525 501

Fax: +91 832 2520 877

Part D: Declaration

I _____ hereby solemnly and sincerely declare that all the information provided that all the information provided in Permit Application form are true and correct to the best of my knowledge. I also understand that this is a legal obligation and failure to which may draw legal, administrative and financial implications.

Signed _____ Dated _____

In the presence of _____ (*name of witness*)

Witness signature _____ Dated _____

(The acknowledgement is to be signed by the Project Investigator for the permit of candidate/s who will be entering in ASPA)

PRIVACY WAIVER

The information, including personal information, on this application, will be used to assess your application and the environmental impact of your proposed activity. This information may be used to contact you regarding your application. The information may also be disclosed to other government agencies, for related regulatory purposes pertaining to your activities in or around the Antarctic, south of 60 degrees south.

DETAILS OF PARTICIPANTS/APPLICANTS WHO INTEND TO ENTER INTO ASPA*

Full name (as per passport) (1)	Nationality (2)	Passport no. (3)	Previous experience of scientific research in the Arctic, Antarctica or in other cold or high-altitude areas? (Y/N) (4)	If 'yes' for previous column (4), please provide details (5)

*for any changes in the name, please inform to Director, NCPOR and provide full details.