

**NATIONAL CENTRE FOR POLAR AND OCEAN RESEARCH
ESSO-MINISTRY OF EARTH SCIENCES
GOVERNMENT OF INDIA**



Version: 3.0 August 3, 2021

REPORT OF ACTIVITIES

Indian Antarctic Scientific Expedition.....

Year of Participation.....

Season: Summer **Winter**

Name of Permit Holder:.....

Project Number (if relevant).....

Contact Information

Organization:

Email address:

Phone number:

This report must be submitted within one month from the date of return from Antarctica (if participated in austral summer expedition) or after one month from the date of entering into ASPA (if participated in the winter-over expedition). If more than one ASPA is associated with this permit, please use a separate Visit Report for each ASPA.

Please send the signed report to:

**Director
NCPOR, Headland Sada
Vasco da Gama, Goa
India, 403 804**

email: director@ncpor.res.in or mravi@ncpor.res.in,
cc to : anooptiwari@ncpor.res.in or anooptiwari.ncpor@nic.in

ASPA Permit Report

1. Permit Number: for ASPA.....

2. Duration of Permit issued.....

3. Permit Details

3.1 Objectives of the visit to the Area under the current permit:

3.2 List of dates of entry, duration of visit, and all persons who entered the Area under the current permit:

Date and duration of the visit(s)	Names

3.3 Was the activity undertaken within the specified permit period: Yes No

If No, provide further information if you carried out any part of the activity beyond the permit period:

3.4 Was the sample collected according to authorization: Yes No

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

If No, add further information if samples collected other than authorized:

3.5 Mode of transport/approach within the Area:

Foot

Vehicle

Snow mobile

Helicopter

3.6 List people who performed activities associated with this permit:

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....

3.7 Did any personnel not listed in the permit but assisting as support staff undertake the activity (or part thereof): Yes No

If yes, please explain the circumstances. If support staff has been taken to ASPA along with permitted members:

3.8 Whether you performed your activity in other restricted/prohibited Area other than permitted: Yes No

If yes, please explain the circumstances:

3.9 Describe activities conducted in the Area, including impacts on the habitats and remedial action taken, where applicable (e.g. collection of water, soil, ice, etc., or operational/management activities):

3.10 Sampling activities conducted within the Area:

Ensure you provide sufficient detail describing the following:

- Gathering, collecting, injuring or otherwise interfering with any native flora.
- Killing, taking, injuring, disturbing or otherwise interfering with any native birds or seals (including the collection of any dead specimens, bones or eggs).
- Taking, or impacting the habitat of any native invertebrates.
- Gathering and collecting rocks and meteorites.

Type of sample	Number and/Species/ quantity of samples collected	Location (within the ASPA) where the samples were collected	Weight of the sample	Other comments

3.11 Describe any measures taken during this visit to ensure compliance with the ASPA Management Plan that was difficult or impractical. Were there any activities that did not comply with the ASPA Management Plan?

.....
.....
.....
.....

4.0 OPTIONAL SECTION

Information provided in this section could assist with the future protection and management of the ASPA.

Any other comments or information, such as:

- i. Report on any observations of human effects on the Area, distinguishing between those resulting from your visit and those due to previous visitors.
- ii. Comment on whether the values for which the Area was designated are adequately protected and provide any recommendations on further management measures needed to protect the values.
- iii. Note any features of special significance that have not been previously recorded for the Area.
- iv. Please attach a copy of the map of the Area showing the location of activities performed under this permit (as applicable) - campsite location(s) land/sea/air movements or routes, sampling sites, installations, deliberate or accidental release of materials, any other impacts, and features of special significance not previously recorded.

(may please attach a separate sheet, if required)

Signature of Permit Holder:

Date: