



**NATIONAL CENTRE FOR ANTARCTIC AND OCEAN RESEARCH
ESSO, MINISTRY OF EARTH SCIENCES
GOVERNMENT OF INDIA**

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 is required to be submitted within one month from the date of return from Antarctica. If more than one ASPA is associated with this permit, please use a separate ASPA Visit Report for each ASPA.

Please send the SIGNED completed report to:

**Director
NCAOR, Headland Sada
Vasco da Gama, Goa
India, 403 804
email: mravi@ncaor.gov.in, cc to anooptiwari@ncaor.gov.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 visit(s)	Names

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

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

3.3 Was the sample collected according to authorization: Yes No

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

3.4 Mode of transport/approach within the Area:

Foot Vehicle Snow mobile Helicopter

3.3 List people who undertook activities associated with this permit:

1.....

2.....

3.....

4.....

5.....

6.....

3.4 Did anyone not listed in the permit but as support staff undertook activity (or part thereof)

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

3.5 Whether you undertook your activity in other restricted/prohibited area other than permitted: Yes No

If yes, please explain circumstances:

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):

Sampling activities conducted within the Area:

Ensure you provide sufficient detail describing the following:

- Gathering, collecting, injuring or otherwise interfering with any native plants.
- Killing, taking, injuring, disturbing or otherwise interfering with, any native birds or seals (including 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	Other comments

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

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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 being 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) - camp site 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:
