



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

**REPORT OF ACTIVITIES**

**Season .....**

**Authorization/Permit Holder.**

**Project Number (if relevant).....**

This report is required on or before the date stipulated as a condition of your authorisation or permit.

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**Contact Information**

Name of authorization or permit holder *(to whom the authorization or permit was granted)*:

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Organisation: .....

Email address: .....

Phone number: .....

## INSTRUCTIONS

- **Part A** of this form must be completed if you were issued an environmental authorisation for your activities.
- **Part B** needs to be completed if you were issued an permit.
- **Part C** only needs to be completed if you have entered or undertaken an activity within an Antarctic Specially Protected Area (ASPA).
- Please send the SIGNED completed report to:

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

## **Part A – Environmental Authorization Report**

### **1. Authorisation**

1.1 Did you have an authorisation for your activities?

Yes ☐ No ☐

If no, and you have an permit, please go to **Part B**.

1.2 What is the authorisation expiry date?.....

1.3 Comment on your activities in relation to each listed condition. Please ensure that each condition has been addressed. Photographs of your activities associated with your authorisation conditions are encouraged.

<b>Authorisation Condition No. and details</b>	<b>Comment</b>
<i>For example:</i>  <i>1. The Activity must only be undertaken in the Antarctic between the periods of [date] and [date]</i>	<i>For example:</i>  <i>All activities were undertaken within the specified timeframe.</i>

1.4 Did your activities differ substantially from that detailed in your Environmental Approvals Application Form? (A substantial difference would include, for example, travel to a different location, using a different method of transport, undertaking a different objective, or use of different equipment)

Yes ☐ No ☐

*If yes, please describe the different activities and explain circumstances:*

1.5 Did your activities result in any unforeseen environmental impacts, or require different or additional mitigation measures to those detailed in *your Environmental Approvals Application Form*?

Yes ☐ No ☐

*If yes, please describe:*

1.6 Please provide descriptions and locations (including within any ASPAs) of markers, instrumentation or equipment installed and/or removed, or any material released into the environment (noting how long these are intended to remain in the area). Please include information about any unlabelled materials you observed that may have been left by other parties.

Signature of Authorisation Holder: .....

Date: .....

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## **Part B – Permit Report**

**1. Permit Number:** .....

### **2. Permit Details**

2.1 Was the activity undertaken within the specified permit period?

Yes ☐ No ☐

*Add further information if you carried out any part of the activity outside the permit period:*

2.2 List people who undertook activities associated with this permit:

2.3 Did anyone not listed in the permit undertake this activity (or part thereof)?

Yes ☐ No ☐

*If yes, please explain circumstances. If you had a permit, comment on whether a 'principal' accompanied the non-listed participant:*

2.4 Were there any locations you undertook your activity that were not listed in your permit?  
(Refer to the section titled 'Location' or 'Approved Location/s')

Yes ☐ No ☐

*If yes, please explain circumstances:*

3.1 Did you enter or undertake an activity in an ASPA?

Yes ☐ No ☐

If yes, please complete **Part C** of this form.

Signature of Permit Holder: .....

Date: .....

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## **Part C – Antarctic Specially Protected Area (ASPA) Visit Report**

*(If more than one ASPA is associated with this permit, please use a separate ASPA Visit Report for each ASPA)*

1. ASPA	name	and number:
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. Objectives of the visit to the area under the current permit:		
4. Describe mode of transport to/from and within the Area:		

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

6. Sampling activities conducted within the Area:

*Ensure you provide sufficient detail describing the following:*

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

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

7. 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?



**OPTIONAL SECTION**

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

8. 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.

Signature of Permit Holder .....

Date: .....

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