

Data recording sheet – Take-Off Site

Form C

Unique Identification Code:

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State

District

Centre

District

Centre

Sortie No

Landing

Take-Off

1. Site Particulars: To be filled by the Drone Operator at the Take-Off Site

1.1	State Name	State Code	1.2	District Name	District Code
	Manipur	1		Bishnupur	1
	Nagaland	2		Tamenglong	2
	Andaman & Nicobar	3		Churachandpur	3
	Other (_____)	9		Imphal West	4
				Mokokchung	5
				Tuensang	6
				North & Middle	7
				South Andaman	8
				Nicobar	9
				Other (_____)	99
1.3	Centre Name	Centre Code	Centre Name	Centre Code	
	District Health centre, Bishnupur	1	CHC-Diglipur	13	
	PHC-Karang	2	Aerial Bay RV	14	
	PHC-Nungba	3	PHC-Kishori Nagar	15	
	PHC-Khoupum	4	PHC-Kalighat	16	
	CHC-Churachandpur	5	Jagannath Dera RV	17	
	PHC-Phayeng	6	Government Hospital-	18	
			Mayabunder		
			Hanspuri RV	19	
			New PHC-Billyground	20	
			Cutbert Bay	21	
	District Hospital Mokokchung	7		22	
	PHC-Sabangya	8	PHC-Rangat	23	
	PHC-Longkhum	9	PHC-Kadamtala	24	
	District Hospital Tuensang	10	PHC-Wimberleygunj	25	
	CHC-Longkhim	11	Shoal Bay RV	26	
	Shamator Hospital	12	Jirkatang Camp Number 7	27	
			Health and Wellness Centre-		
			Ferrargunj	28	
			CHC-Kamorta_Nancowrie	29	
			GPS Tapong	30	
			Subcentre-VikasNagar_Daring	31	
			Teressa	32	
			Chowra	99	
			Other (_____)		

Sortie number

Date

+

Time

AM

PM

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2 Flight particulars: *To be filled by the Drone Operator at the Take-Off Site*

- 2.1 Name of the Drone Pilot/Operator :
- 2.2 Time of Take-Off (Hrs: Min: AM/PM) :
- 2.3 Expected Distance of Travel : Yes No
- 2.4 Expected time of reaching the :
landing site (Hrs: Min)
- 2.5 I certify that the drone flight without VCB or With VCB was initiated from the Take-off site. The drone did not contain any other prohibited material.

Signature of the Drone Operator :
Date and Time :

3. Verification by the ICMR Team: *To be filled by the ICMR Drone Team at the Take-off Site*

- 3.1 The above said information were Yes No
verified:
- 3.2 Signature of the ICMR Drone Team Member:
(Name/Date/Time):