



Ministry of Home Affairs, Government of India

FORM-1

Department or Agency Details

(The Fields mark with (*) are mandatory)

Title	Details
Department / Agency Name*	
Department / Agency Address*	
Pin code*	
Contact Person Name*	
Contact Person Designation*	
Contact Person Address*	
Pin code*	
Telephone Number1	
Telephone Number2	
Telephone Number3	
Mobile Number*	
Fax Number	
Email ID*	
Department Type / Source*	GOVERNMENT <input type="checkbox"/> PUBLIC SECTOR UNIT (PSU) <input type="checkbox"/> PRIVATE SECTOR <input type="checkbox"/>



Ministry of Home Affairs, Government of India

Form 2-A

Please enter in the table below the details of items you have checked as available in FORM-1

(Please fill up all types of **equipment** related items only - All the fields are mandatory*)

IDRN Data Collection Format

(The Fields mark with (*) are mandatory)

ITEM CODE*	ITEM NAME*	UNIT* (Bags , Box, Kg ,Liter, Meter, Metric ton ,Nos, Pair ,Persons, Sets ,Tablets, Team, Unit, Vials)	QUANTITY*	ITEM LOCATION *	ITEM SKILL DESCRIPTION *

(Please fill all types of equipment related items only)

<https://idrn.nidm.gov.in/>



Ministry of Home Affairs, Government of India

Form 2-B

Please enter in the table below the details of items you have checked as available in FORM-1

(Please fill up all types of **skilled human resource** related items only - All the fields are mandatory*)

IDRN Data Collection Format

(The Fields mark with (*) are mandatory)

ITEM CODE*	ITEM NAME*	UNIT* (Bags , Box, Kg ,Liter, Meter, Metric ton ,Nos, Pair ,Persons, Sets ,Tablets, Team, Unit, Vials)	QUANTITY*	ITEM LOCATION*	ITEM SKILL DESCRIPTION*

(Please fill all types of Skilled Human Resource related items only)



Ministry of Home Affairs, Government of India

Form 2-C

Please enter in the table below the details of items you have checked as available in FORM-1

(Please fill up all types of **critical supplies /medical** related items only - All the fields are mandatory*)

IDRN Data Collection Format

(The Fields mark with (*) are mandatory)

ITEM CODE*	ITEM NAME*	UNIT* (Bags , Box, Kg ,Liter, Meter, Metric ton ,Nos, Pair ,Persons, Sets ,Tablets, Team, Unit, Vials)	QUANTITY*	ITEM LOCATION*	ITEM SKILL DESCRIPTION*

(Please fill all types of Critical Supplies / Medical related items only)