

Form-1

Department or Agency Details

(The Fields mark with (*) are mandatory)

S. No.	Title	Details	
1.	Dept. Name / Agency Name*		
2.	Dept. Address / Agency Address*	Line1*	
		Line 2	
		City*	
		Pin code*	
		Latitude	
		Longitude	
3.	Contact Person Name*		
4.	Contact Person Designation*		
5.	Telephone Number1*		
6.	Telephone Number2		
7.	Telephone Number3		
8.	Mobile Number*		
9.	Fax Number		
10.	Email ID		
11.	Source*	Govt. <input type="checkbox"/> PS Unit <input type="checkbox"/> Military <input type="checkbox"/> NDRF <input type="checkbox"/> Indian Army <input type="checkbox"/> Private/NGO <input type="checkbox"/>	

IDRN Data Collection Format

Form 2-A

**Please enter in the table below the details of items you have checked as available in FORM-1
(All the fields are mandatory)**

*Item Code	*Item Name	*Item Description	*Item Quantity and Unit	*Specify location if not present at the department	*Availability month (January to December) (Specify)	*Transportation Mode (Road, Train, Air, Water or NA)	*Operated or Provided (Yes/No/NA)

(For all types of equipment only)

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

Form 2- B

**Please enter in the table below the details of items you have checked as available in FORM-1
(All the fields are mandatory)**

*Item(Skill) Code	*Item(Skill) Name	*No. of person Available	*Availability month (January to December) (Specify)	*Prior experience in emergency response (Yes/No)	*Prior training in emergency response (Yes/No)	*Description (If team please enter composition(number of persons in a team))

(For all types of skilled human resource only)

Form 2-C

**Please enter in the table below the details of items you have checked as available in FORM-1
(All the fields are mandatory)**

*Item Code	*Item Name	*Quantity available and Unit	*Specify location if not present at the department	*Availability month (January to December) (Specify)	*Transportation Mode (Road, Train, Air, Water or NA)	*Item Description

(For all types of critical supplies only)