ANDAMAN & NICOBAR ADMINISTRATION DIRECTORATE OF TOURISM PORT BLAIR

APPLICATION FORM FOR SEEKING REGISTRATION FOR SUBMERSIBLE SCOOTER

General Documents

0.0110		
1.	Name of the Submersible Operation Centre	
	• Address of the Submersible Operation Centre	on
	• Landmark	
	• City	
	Village/ Tehsil	
	• District	
	• State/UT	
	• Pin Code No.	
	• TAN No.	
	• Contact No. Landline	
	Fax	
	Mobile	
	Email Address	
	Website	

2.	Name of the Owner (s)	1	2	3	4
	• Sex				
	Date of Birth				
	Aadhar Card No.				
	Nationality				
	• Passport details of foreigners				
	Country Name				
	Passport No.				
	Visa Details				
	RAP details				
	Work permit				
	Present Address				

	Landmark						
	Village/ City	+					
	Tehsil						
	District						
	State/UT						
	Pin Code No.						
	Communication Address						
	Landmark						
	Village City						
	Tehsil						
	District						
	State/UT						
	Pin Code No.						
	Contact No.						
	Landline						
	Fax						
	Mobile						
	Email Address						
	PAN Number (In India)						
3.	Details of Demand Draft for	r Registra	tion of S	ubmersible op	erational centre		
	Bank Name						
	Branch						
	IFSC Code						
	DD No. & Date						
	Amount						
	Details of Demand Draft for	r Renewal	of Subm	ersible operat	ional centre (For	office use C	Only)
	Date of Expiry						
	Date of submission						
	Bank Name						
	Branch						
	IFSC Code						
	DD No. & Date						

	Amount						
	Annual report of state of marine life in a	rea of oper	ation (O	nly in	case o	f renewal)	
	Name of the Agency		Rep	ort Er	closed		
			Yes		No		
4.		Proprietorsl (Put √Mark,				Partnership firm (Put \sqrt{Mark})	
	Registration Details						
5.	Name and address and contact details on nationals ownership)	of the Local	Agent or	local	Represe	ntative in Andaman (i	n case of foreign
	Name of the Local Agent						
	Sex						
	Date of Birth						
	Aadhar Card No.						
	Nationality						
	Landmark						
	Village/City						
	Tehsil						
	District						
	State/UT						
	Pin Code No.						
6.	Address of the office in mainland – India an	d Abroad					
	Name of the office						
	Name of the Owner						
	Sex						
	Date of Birth						
	Aadhar Card No.						
	Nationality						
	Landmark						
	Village/City						
	Tehsil						
	District			-			
	State/UT						
	Pin Code No.						
	Contact No.						
	Landline						

Fax	
Mobile	
Email Address	
Website, if any	

7.	Details of Insurance for Submersible Operationa	l Cer	ntre					
	Particulars		Registering	Agency	Vali	dity o	f Insura	nce
	Personal Accident Insurance					Ť		
	Public liability Insurance							
	• Insurance coverage of passenger travelling boat.	by						
	Insurance coverage of equipments, accesso and Submersible Scooter centre	ries						
	Standard Fire and Special Perils Policy							
	Insurance coverage of staff/ personnel Name of staff							
	1.							
	2.							
	3.							
8.	CHARACTER VERIFICATION AND ANTECEDE	NTS	CERTIFICA?	res	•			
	Name of the Employee	Ch	aracter & an	tecedents ce	ertificat	е	7	Yes / No
	1.							
	2.							
	3.							
	4.							
9.	Details of registration certificate of Shop and	Esta	ablishment					
	Name of the establishment	Regis	tration No.	Dat			lity of ration	Renewal due
10.	Registration under EPF			•	•			
	Name of the firm			Re	gistratio	n No.	& Detai	ls

11.	Registration under Service tax		
	Name of the firm	Registration	on No. & Details
12.	Income tax clearance certificate		
	Name of the firm	For	the year
13.	Rate Chart of Submersible scooter		
	Name of the activity	Details of activity	Rate per person
	·		-

Annexure – I (B)

Designation	Name of employee	Certification Agency (PADI / SSI etc)	Nationality
Site Manager	1.		
(Dive Instructor/Dive Master)	2.		
	3.		
Under Water Monitor	1.		
(Dive Instructor/Dive Master)	2.		
	3.		
Surface Swimming monitor	1.		
(Dive Instructor/ Dive Master	2.		
	3.		
Emergency First Respond (EFR)	1.		
	2.		
	3.		
Rescue Diver	1.		
	2.		
	3.		

15.	Details of Foreigners (employees) attached with submersible scooter activity							
	Designation	Name of employee	Certification Agency (PADI / SSI etc)	Country Name	Passport No.	Visa Details	RAP details	Work permit

16. Equipments & Accessories

1.	Details of equipments required	for opera	tion of Su	bmer	sible Scoote	r.		
	Name of the	Make & Model		Quantity			Classification society IACS member or DGs approved / OEM approved	
i	equipments/accessories Launching platform/						of DGs ap	oproved/ OEM approved
	pontoon							
ii. iii.	Air compressor							
iii.	Scuba equipments and diving cylinder							
iv.	Generator set							
v.	Hydraulic winch							
2.	Details of launching platform/	pontoon			Registering	g Agency	Registration No.	Validity of registration
3.	Details of Rescue Boat availab	lo at tha	Register	ring	Dogistrot	ion No	Validity of	Capacity
3.	activity site	ie at the	Ageno		Registration No.		registration	(Crew + Pax)
	Name of the rescue boat –		rigerie	_y			registration	(CICW : Tax)
	Name of the resear boat							
4.	Details of dive equipments and	accessori	ies :					
	Description		Make		Quantity	Regist	ration No./	Date of expiry
	1				c 5		turing details	1 3
	1. Dive Sets							
	2. BDCs							
	3. Compressor							
	4. First Aid Kit							
	5. Oxygen Kit							
	6. Life Jackets							
	(DGs/IRS approved)							
	7. Ring Buoys (DGs/IRS approved)							
	8. Fire extinguisher							
	(Marine Approved type)							
	# Enclosed the copy of the Registrati	on Certifica	te and Sur	vey Rep	ort issued by	MMD/DC/I	Director (Fisheries	s) (as the case may be).
6.	Details of Fire fighting plan	(along v	with fire					
	extinguisher - marine approved t							
7 .	Photograph of launching platform,							
	do's and don'ts prominently displayed	ed at the site	2					

17. Environmental Clearance/ Permits

1.	Details about the proposed Sub-Scooter operation.	
	i. Details of permission granted for use of Site by the Administration.	
	ii. Site/ space information	
	iii. Location/ Demarcated area approved by Administration.	
2.	Pollution Control Clearance certificate (issued by Comp	petent Authority)
	Name of the agency Date of issue of certificate certificate issued	Valid Upto Yes No
3.	Site Plan along with detailed description of trails included coral patch –	ling Yes No
4.	GPS Coordinates submitted to Port Management Board (if area of Sub-scooter activity falls within Port)	the Yes No
5.	Details of air quality analysis certificate through compet	ent
	and authorized agency	

Form for liability Release and assumption of risk agreement with person driving Subscooter

- ❖ I am voluntarily engaging in the recreational activity which includes driving subscooter, a unique underwater sea activity carried out at the maximum depth of 3 mtrs.
- ❖ I certify that I am fully aware of the risks involved in the activity and I have been briefed about the safety procedures, do's and don'ts, medical restrictions & local govt. regulations.
- ❖ I state that I am physically fit to undertake the activity and not suffering from any Heart problem. Blood pressure, Sinus, Asthma or any other serious medical problem. I am not pregnant woman.
- ❖ I further state that I am of lawful age and legally competent to sign this liability release agreement or that I have obtained the written consent of my parent or guardian.
- ❖ I understand and agree that neither M/s.....(name of the firm) or its affiliates or subsidiary corporations, nor the owners, employees, agents contractors may be held liable or responsible in any way for any injury, death or other damages to me.
- ❖ I understand the terms herein are contractual and not a mere recital and that I have signed this agreement of my own free act with the knowledge that I hereby agree to waive my legal rights.
- ❖ I certified that I am not below 12 years of age

Communication Address

Guest Name

Telephone / Mobile No.	
Email Address	
Guest Signature	
Date	
Incase of children the a	age of above 12 years, the guardian of the children should
submit liability release a	nd assumption of risk agreement –
Guardian Name:	
Communication Address	
Telephone / Mobile No.	
Email Address	
Guardian Signature	
Date	

Annexure - III

Name and contact numbers of officers of A & N Administration to be contacted in the event of emergency in South Andaman, North & Middle Andaman

In	South Andaman District	Contact No.
>	District Control Room:	1070
>	Police Control Room:	100
\triangleright	Harbor Master,	Ph: 03192-237804
	Port Management Board, Port Blair	
\triangleright	Deputy Commissioner	Ph: 03192-233089
	(South Andaman), Port Blair	(94342 80018)
>	Superintend of Police	Port Blair: 03192-236641
	(South Andaman), Port Blair	(94342 89897)
\triangleright	Director (Tourism),	Telefax: 03192-230933
	A&N Administration, Port Blair	(95318 56933)
		e-mail:thedirectortourism@gmail.com
\triangleright	Port Control Tower:	
>	Ambulance:	
\triangleright	Area SHO:	
>	Nearest PHC:	
>	Distt. Control Room:	

In North and Middle Andaman District	Contact
District Control Room:	201205, 273137
Police Control Room:	100
Dy. Commissioner (North and Middle Andaman) Mayabunder	Ph: 03192- 262999 (94342 86261)
Superintend of Police (North &Middle Andaman) Mayabunder	Ph: 03192 -273344(94342 87533)
Harbor Master, Port Management Board, Port	Ph: 03192-237804
Blair,	(WLL 200 630)
Director (Tourism), A&N Administration, Port	Telefax: 03192-230933
Blair	(9531856933)
	e-mail:thedirectortourism@gmail.com
Port Control Tower:-	
Ambulance:	
Area SHO:	
Nearest PHC:	
Distt. Control Room:	

Log Book of Submersible Scooter

Date of Operation	Starting time and initial meter reading	Closing time and meter reading	Details of maintenance/ replacements of gadgets of submersible scooter	Remarks
	3	8		

Daily check/ inspection of submersible scooter operation at the site

Date	of firm:	Location :		
Date :		Time Hrs		
Day	:			
S1.	Particulars		Attendance	
No				
1.	Submersible Scooter		Site Manager	
2.	Check DG Set		Dive Instructor	
3.	Check DG Set Oil		Dive Master	
4.	Checked Air Compress (2Nos.)		EFR	
5.	Air Compressor Receiver Tank		Rescue Diver	
6.	Check Helmets (8 Nos)		Redede Biver	
7.	Check Fire Extinguisher			
8.	Check All Parts of Pantoon			
9.	Dive Sets (BCD, Octopus, Wet Suit,			
	Cylinder, Mask, Fins, Weights)			
10.	First Aid Kit & Assistance			
11.	Life jackets (35 Nos.)			
12.	Life Bouys (4 Nos.)			
13.	Rescue Boat with Engine			
14.	Check Under Sea Bed & Surrounding Are	ea		
15.	Check the Protected Net in Under Water			
16.	Divers Drill to safe Life in emergency from	1		
	drowning			
17.	Rescue Team to give First Aid and Move t	o near		
	Hospital			
18.	Important Contact No. Display			
19.	Do's & Don'ts Briefing & Display			
20.	Complaint Register			
21.	Every Day Log Book Entry			
	Signature of Site Manager			
	Name:			
	Date:			

- A. Specification of the Rescue Boat Rescue Boat Accessories / Gears on -board:
 - 1. The Rescue Boat ideally less than 15 mtrs. of length and fitted with 40-60 HP engine, remote (Steering)- controlled and preferably twin-engine and Rigid Inflatable Boat (RIP)
 - 2. Adult Spine board with immobilizer, neck-brace, board straps and related accessories.
 - 3. Oxygen cylinder along with necessary accessories
 - 4. First Aid kit, Splinters and supports
 - 5. Rescue tube, life jackets of different sizes as per stipulations, extra marine-grade rope of 30 mtrs. (14-16 mm), throw bag.
 - 6. Scramble net or jumping ladder.
- B. Staffing on-board a rescue boat during under-water recreation activities:
 - 1. Certified and Licensed boat driver / handler
 - 2. Certified and licensed Lifeguard
 - 3. Advanced Certificate holder in First Aid & CR including proficiency to administer emergency oxygen and similar capabilities to handle emergencies.
 - 4. An Assistant on-board holding Basis First Aid / First Respondent (Aquatic)

PHYSICAL INSPECTION/SAFETY AUDIT OF EQUIPMENTS & ACCESSORIES OF SUBMERSIBLE CENTRE

inspection conducted on	
	M/s

Category -	Activity oriented equipments / accessories	Documents
	1. Launching platform/ pontoon	
	2. Air compressor	
	3. Generator set-	
	4. Hydraulic winch	
Category – II	Safety related equipments/ accessories	Documents
	Scuba equipments and diving cylinder	
	1. Dive Sets	
	2. BDCs	
	3. Medical first aid kit	
	4. Oxygen Kit	
	5. Life Jackets	
	(DGs/IRS approved)	
	6. Ring Buoys	
	(DGs/IRS approved)	
	7. Fire extinguisher	
	(Marine Approved type)	
Category – III	Other preparedness of submersible scooter centre	Documents
	1. Whether the Submersible scooter operational staff	
	is familiar with the Emergency Action Plan, and	
	whether they are able to act appropriately.	
	2. Specified wireless communication (walkie-Talkie)/	
	any other communication system between base	
	station (Submersible Scooter) and site of the	
	activity.	
	3. Prominent display of tariff/ rates of submersible	
	scooter activity along with time/ duration.	
	4. Buoyancy Compensator Device (BCD) approved for	
	recreational/ adventure water sports activity by	
	the manufacturer and must have a low pressure	
	inflator	
	5. Regulators must be approved for recreational/	
	adventure water sports activity by the	
	manufacturer and must be maintained by	
	manufacturer's instruction	
	6. Log book of compressor	
	7. Certificate from an authorized agency like the	
	National Institute of Water Sports stating the	
	quality of output of Air Compressor	
	8. Pressure test of tanks used for compressed air.	