

GENERAL HYDRO-METEOROLOGICAL DATA REQUEST FORM

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|-----|---|---|
| 1. | Name of the Indenting User | |
| 2. | Address: Office | |
| 3. | Address: Residence | |
| 4.. | Category of User (see clause 4 for data user categories) (Supporting proof / document to be attached) | |
| 5.. | Details of the CWC sites for which data is required: | |
| | S. No. | <u>Name of the CWC site (s)</u> |
| | | <u>Name of the river on which the site(s) is located</u> |
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| 6. | Type, frequency & period of data required: | |
| | Type | Frequency |
| | Period of data required: | |
| | (a) Gauge | Hourly/3 times a day/daily/ 10daily/monthly/yearly average Historical Maximum/Minimum |
| | (b) Discharge | Daily/ 10daily/monthly/yearly average Historical Maximum/Minimum |
| | (c) Silt | Daily/ 10daily/monthly/yearly average Historical Maximum/Minimum |
| | | Non-Monsoon.....to..... Monsoon.....to..... |
| | | Non-Monsoon..... to..... Monsoon..... to..... |
| | | Non-Monsoon..... to..... Monsoon..... to..... |

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CENTRAL WATER COMMISSION

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|--------|---|---|--|
| | (d) Water Quality | Monthly/seasonal/ Yearly average | Non-Monsoon..... to..... Monsoon..... to..... |
| | (e) Meteorological data | Daily/Hourly Historical Maximum/Minimum | |
| | (f) Other data | River cross-section/ Manning "n"etc. | Non-Monsoon..... to..... Monsoon..... to..... |
| 7. | Purpose for which data is required (A justification note to be attached) | | |
| 8. (i) | Whether analysis/ study of hydrological data will be undertaken in house; | | Yes/ No |
| (ii) | If the answer to query at sl. no. 6 (i) is NO, then name & address of the consultant deployed / to be deployed for the study: | | |
| (iii) | Category of the consultant (as per data user categories specified in clause 4; supporting proof / documents to be attached) | | |
| 9. | Name, designation & address of the person authorized for collection of data | | |

In case data is approved for release, I abide to provide "Undertaking" in the prescribed format duly signed by me before release of the data.

Signature of the Officer
of the Rank of Chief Engineer/General Manager/Head of Department/
Managing Director or equivalent

Name in full with designation: _____

Name of the Department: _____

Address of the Office: _____

Dated: _____

ALONG WITH OFFICE SEAL