# Ship Observations Team

## National Report for 2014

| | | |
|---|---|---|
| **1.** | **Country** | INDIA |

| | | |
|---|---|---|
| **2.** | **Prepared by** | Dr. BALAKRISHNAN NAIR T. M |

**3.    Contributing national marine organizations:**

> **#**          Insert as applicable – VOS / SOOP / ASAP – Include additional detail where appropriate e.g (data management).

| | |
|---|---|
| **Organization** | Indian National Centre for Ocean Information Services (INCOIS) |
| **Programmes  #** | SOT/ VOS |
| **Website URL** | http://www.incois.gov.in |

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|---|---|
| **Organization** | National Institute of Oceanography |
| **Programmes  #** | SOOP-XBT |
| **Website URL** | http://www.nio.org |

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| **Organization** | |
| **Programmes  #** | |
| **Website URL** | |

| Organization | |
|---|---|
| Programmes # | |
| Website URL | |

| Organization | |
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| Programmes # | |
| Website URL | |

4. **List of National Focal Points for SOT / VOS / SOOP / ASAP** (see Appendix 1):

5. **List of Port Meteorological Officers** (see Appendix 2):

**Appendix 1: List of National Focal Points for SOT / VOS / SOOP / ASAP**    **Country =** | INDIA

**Instructions: One profile per person. Include all applicable Focal Point roles in the first line of each profile.**

| | 1 | 2 |
|---|---|---|
| **Focal Point** * | SOT / VOS | SOOP-XBT |
| **Name** | Dr. Balakrishnan Nair. T. M | Dr. V. V. Gopalakrishna |
| **Title** | Scientist F & Head, Information Services Group | Chief Scientist |
| **Agency** | Indian National Centre for Ocean Information Services | National Institute of Oceanography |
| **Postal Address** | Ocean Valley, Pragathi Nagar (PO), Nizampet (BO), Hyderabad, Telengana India. PIN -500090 | Physical Oceanography Division Donapuala, Goa, India PIN-403 004 |
| **Email** | bala@incois.gov.in | gopal@nio.org |
| **Telephone** | +91 40 23895007, 91 9490191659 (M) | +91 832 2450302 |
| **Fax** | +91 40 23895001 | +91 832 2450602 |

\* 	Insert all appropriate - SOT / VOS / SOOP / ASAP

**Appendix 2: List of Port Meteorological Officers**          **Country =**  INDIA

| | 1 | 2 | 3 |
|---|---|---|---|
| **Main Port** | | | |
| **Name** | TO BE IDENTIFIED | | |
| **Position / Role** | | | |
| **Postal Address** | | | |
| **Email** | | | |
| **Telephone** | | | |
| **Facsimile** | | | |
| **Ports or area serviced** | | | |

| | 4 | 5 | 6 |
|---|---|---|---|
| **Main Port** | | | |
| **Name** | | | |
| **Position / Role** | | | |
| **Postal Address** | | | |
| **Email** | | | |
| **Telephone** | | | |
| **Facsimile** | | | |
| **Ports or area Serviced** | | | |

|  | **7** | **8** | **9** |
|---|---|---|---|
| **Main Port** | | | |
| **Name** | | | |
| **Position / Role** | | | |
| **Postal Address** | | | |
| **Email** | | | |
| **Telephone** | | | |
| **Facsimile** | | | |
| **Ports or area Serviced** | | | |

|  | **10** | **11** | **12** |
|---|---|---|---|
| **Main Port** | | | |
| **Name** | | | |
| **Position / Role** | | | |
| **Postal Address** | | | |
| **Email** | | | |
| **Telephone** | | | |
| **Facsimile** | | | |
| **Ports or area Serviced** | | | |