

Meteorological Centre ,Hyderabad

DATA REQUEST FORMAT

(For Radar Report)

1. Name and Designation of the requesting Party } : _____

2. Name of the Company/Institute : _____
3. Address for Correspondence and Phone, Fax No. and E-mail ID Etc } : _____

4. Type of Institution/Individual : Research / Commercial/Individual/Student
5. Are you a registered user ? :Yes /No
6. Purpose of data : Insurance claim/research/Govt statistics/
Other (specify) _____
7. Type of Data Required : Radar Report
8. Parameter Required : Rainfall / Thunderstorm/Hail storm/Wind
9. Frequency of Data : 10 minute/ Hourly
10. Name of Station/region/location : _____
11. Geographical Co-ordinates of site : Latitude _____ Longitude: _____
(3 Digits after Decimal)
12. Date and Time of occurrence : Date _____ Time _____
(If not sure, approximate time may be mentioned) Note: Cost will be calculated per hour.
13. Nature of weather witnessed at site : Hail/Heavy rainfall /Heavy wind/Lightening/
thunderbolt /Flooding/ Other (specify) _____
14. Type of Damage occurred : Flooding/Collapse /tree fall/uproot/roof blown/ Fire/
Death/Other (specify) _____

Note: (a) Attach screen shots of google map /location
(b) Attach Photographs of damage /Weather

15. Method of dispatch/ : E-Mail /Post/Collect by hand.
16. Special Information, if any, to describe the incident/damage : _____

Date : _____

Signature of the Party

(Fill, Sign, Scan/Photo this form and send by email to : cshyderabadcs@gmail & cs.hyd@imd.gov.in)