**Proforma for State Clearances for Inbound Flights**

|  |  |  |
| --- | --- | --- |
| **S.NO** | **Details required** | **Mission’s remarks** |
|  | Type of Flight (Amnesty /Charter /Cargo /Commercial) |  |
|  | (a) Airline  (b) Flight No |  |
|  | Port of Origin |  |
|  | Port of Destination |  |
|  | Date and time of Arrival (IST) |  |
|  | Date and time of Departure (IST) |  |
|  | Total Pax No |  |
|  | Quarantine financial Responsibility (Company/ Individual Passenger): |  |
|  | Domicile of Passengers (Homogeneous/mixed, if mixed, statewise numbers): |  |
|  | Flight Manifest along with domicile details  (*Attached OR to be provided later)* |  |
|  | Is COVID-19 test being done before the departure (If yes, details thereof)  ***Note: Desirable, Not compulsory*** |  |
|  | Additional Remarks (if any) |  |