

Madhya Pradesh Agency for Promotion of Information Technology
State IT Center, 47-A, Arera Hills, Bhopal. www.mapit.gov.in

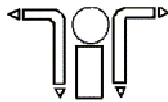
REQUISITION FORM FOR SATELLITE IMAGERY

Department / Agency Details:

Name of HOD	
Designation	
Office Address	
Email	
Phone	
A. Purpose [Tick whichever is applicable]	
1. Background image	<input type="checkbox"/>
2. Line / polygon/Future interpretation and GIS Creation	<input type="checkbox"/>
3. Navigational purpose	<input type="checkbox"/>
4. Other	<input type="checkbox"/>
5. Please specify if 'others' _____	

B. Imagery Data Specification	
1. Area whether AOI provided in soft copy (cd)	
Yes <input type="checkbox"/>	No <input type="checkbox"/> [If 'No', please provide area details]
District -	_____
Sub- District -	_____
Block -	_____
Gram Panchayat -	_____
Village -	_____
ULB -	_____
2. Image Resolution [Tick whichever is applicable]	
2.5 m <input type="checkbox"/>	0.5 m <input type="checkbox"/>
Specific purpose justifying need if selected resolution is 0.5m	

3. Vintage	
From/.....[Month/Year] To/.....[Month/Year]	



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(MAP-It shall provide the latest set of available satellite data)

Specific purpose justifying need of selected Vintage

4. **Type** [*Tick whichever is applicable*]

Raw Individual

Pan Sharpened

GeoReferenced

Specific purpose justifying need of selected type

5. **Data Type** [*Tick whichever is applicable*]

8 bit

16 bit

Specific purpose justifying need of selected type

C. **Mode of sharing image:** [*Tick whichever is applicable*]

As service / Electronic

Physical

Specific purpose justifying need of selected mode is physical

1. We hereby declare /undertake that the satellite imagery data provided to us shall be used only for the Departmental / Government usage only for the purpose for which it is provided by the authorized departmental users. The decision of the GoMP is binding for any change in the rules or policy on SSDI and above subject.
2. The following person is authorised by the applicant to collect images from MAP-IT (if mode of image sharing is 'physical')
Name of authorized person: _____
Designation / Deptt: _____

Date:

Signature of HOD with Seal