**Research Site Request Application Form**

Project Title: ………………………………………………………………………………………..

 ………………………………………………………………………………………..

Date of Request: ……………………………..

Duration of research: …………… (days/weeks/months/years), from ……. till …….

Is administrative clearance from the Ministry of Health obtained:  Yes  No

**Principle Investigator/Coordinator:**

Name: …………………………………………………………….…..

Designation: ………………………………………………………….

Organization: …………………………………………………………

Phone Number: ………………………………………………………..

Email ID: ………………………………………………………………

**Co-investigators:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SN** | **Name** | **Designation** | **Organization** | **Phone No.** | **Email ID** |
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| **Summary of Project (Maximum300 words)** |

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| **Briefly describe the significance of the planned research and the purpose for which it will be used (Maximum300 words)** |

Is funding available for the project:  Yes. Name of funding agency: …………………………

No

|  |
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| **Any additional information that may assist the review** |

**Attachments**

1. Complete protocol of the research
2. CV of investigators
3. Data collection template with the entire required variable list

Name & Signature of Applicant: ………………………………….

Date: …………………