**Data Request Application Form**

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

 ………………………………………………………………………………………..

Date of Request: ……………………………..

Duration of data requested: ……………………..

Purpose for which the data will be used: ……………………………………………….

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

**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)** |

**Where will the data be stored and accessed?**

☐ On my affiliated organization’s/institution’s computer system

☐ On a stand-alone computer or laptop with password protection

☐Others (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.CV of investigators

2. Data collection template with the entire required variable list

**Terms & Conditions**

**I agree to the following terms and conditions:**

☐I ensure that the data will only be used for the above mentioned purpose

☐I ensure that the data will only be accessed by I and the co-investigators listed in the application

☐RCDC’s data source will be acknowledged appropriately

*Note: Failure to comply will result in withdrawal of data sharing for present and future purposes.*

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

Date: ………………..