

**National Health Authority**  
**Format for Data Request**

1. Name of the Individual/Institute/Agency Requesting Data:

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2. Purpose:

- a. Planning new programme
- b. Program management / evaluation
- c. Research
- d. Others (Please specify) \_\_\_\_\_

3. Whether protocol of the study is enclosed: Yes / No

4. Details of data use (Explain how the requested data would be used):

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5. Define the data requirement

- a. Component on which information required
- b. Geographical area (State Name/ District Name / Hospital Name )
- c. Time period
- d. Indicators/Variables required
- e. Any other requirement (please specify)

Date:

Sign:

Name & Designation:

Name of Organization: