

# Data Request Sheet

Index No:



National Programme for Tuberculosis Control and Chest Diseases  
Ministry of Health, Nutrition and Indigenous Medicine



## General Information:

1. Name of the applicant:

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2. Designation:

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3. Place of work:

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4. Age: ..... years

5. Sex: .....

6. Contact details of the applicant: Telephone .....

Fax: .....

E-mail: .....

## Information on the research study:

7. Title of the study:

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8. Brief description of the study:

8.1 Brief justification for the study:

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8.2 Specific objectives of the study:

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8.3 Study design, study setting and sample collection:

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8.4 Sample size and study population:

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8.5 Data collection instrument:

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8.6 brief description on results

e.g.: Incidence/ prevalence of .... will be calculated. Proportion of good and poor knowledge will be calculated with 95% CI. Factors will be assessed using bivariate/multivariate analysis and presented with Chi square value, OR and 95% CI etc

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8.7 identified ethical issues and identified measures to overcome the issues:

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8.8 How results will be disseminated to NPTCCD:

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**Information on investigators**

9. Name of the Principal Investigator (PI):

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10. Designation of the PI:

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11. Highest educational qualification of the PI:

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12. Name and designation of other investigators:

Name of the investigator	Designation	Place of work
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2.		
3.		
4.		
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10.		

13. Whether the proposed research study is a component of an academic examination: yes  no

14. If yes, the name and the year of the examination:

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15. Whether the proposed study is a part of an ongoing project of an institution/ organization: yes  no

16. If yes, the name of the project and the institute/ organization:

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17. Is the proposed study funded by a governmental or non-governmental organization: yes  no

18. If yes, name of the funding agency:

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19. Do you wish to obtain financial support from the NPTCCD? yes  no

20. ....

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Signature of the applicant

Date of submission to NPTCCD