Appendix E

Data Requester Application (DRA) Form for Access to Licensed Microdata Files for Research Purposes

The Data Requester Application (DRA) form should be completed electronically (except for signatures) and the duly completed application form should be printed, signed and posted to Director General, Department of Census and Statistics, No. 306/71, Polduwa Road, Battaramulla, Sri Lanka or email a scanned copy to dgcensus@statistics.gov.lk.

Section A: Researchers

A.1. Primary Researcher

1.1	First name	
1.2	Last name	
1.3	Position	
1.4	NIC no. (for Sri Lankans)	
1.5	Passport no. (compulsory if NIC not available)	
1.6	Citizenship	
1.7	Country of current residence	
1.8	Organization/Institute	
1.9	Postal address	
1.10	Telephone no. (with country code)	
1.11	Fax no. (with country code)	
1.12	Email (personal)	

A.2. Other Researcher 1

2.1	First name	
2.2	Last name	
2.3	Position	
2.4	NIC no. (for Sri Lankans)	
2.5	Passport no. (compulsory if NIC not available)	
2.6	Citizenship	
2.7	Country of current residence	
2.8	Organization/Institute	
2.9	Postal address	
2.10	Telephone no. (with country code)	
2.11	Fax no. (with country code)	
2.12	Email (personal)	

A.3. Other Researcher 2

3.1	First name	
3.2	Last name	
3.3	Position	
3.4	NIC no. (for Sri Lankans)	
3.5	Passport no. (compulsory if NIC not available)	
3.6	Citizenship	
3.7	Country of current residence	
3.8	Organization/Institute	
3.9	Postal address	
3.10	Telephone no. (with country code)	
3.11	Fax no. (with country code)	
3.12	Email (personal)	

A.4. Other Researcher 3

4.1	First name	
4.2	Last name	
4.3	Position	
4.4	NIC no. (for Sri Lankans)	
4.5	Passport no. (compulsory if NIC not available)	
4.6	Citizenship	
4.7	Country of current residence	
4.8	Organization/Institute	
4.9	Postal address	
4.10	Telephone no. (with country code)	
4.11	Fax no. (with country code)	
4.12	Email (personal)	

Section B: Organizational Information

Are you a student? (circle the appropriate code)

Yes	1
No	2

If a student, please complete B.1., otherwise, complete B.2.

B.1. Details of the Educational Institute (for students only)

1.1	University/Organization		
1.2	Postal address		
1.3	Studentship	i) Undergraduate ☐ ii) Masters ☐ iii) M.Phil. ☐ iv) PhD ☐ v) Other ☐ (specify): ……	
1.4	Details of the Head of the Department/ Dean of the Faculty	Name	Telephone No.
1.5	Details of the Supervisor/s	Name	Telephone No.
		(i)	
		(ii)	
		(iii)	

B.2. Details of the Affiliated Organization/Institute

2.1	Organization		
2.2	Type of the Organization (tick the appropriate cage) i) Government ☐ ii) Semi Government ☐ iii) Non-Governmental Organization ☐ iv) International Agency ☐ v) Other ☐ specify: ……		
2.4	Details of the Head of the Organization	Name	Telephone No.
2.5	Postal address		

Section C: Description of the Data File/s Requested

(A separate DRA form is required for each of the different data file. One form can be used for requesting data for several rounds of the same survey/census.)

Serial no.	Name of the survey/census	Year	Quarter	Office use only

Section D: Details of the Study (Please attach the project/study/research proposal.)

D.1. Purpose of the study (Objectives)

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D.2. Analysis to be undertaken

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D.3. Expected final output (circle the appropriate code)

Thesis	1
Academic Journal	2
Research Paper	3
Publication	4
Other (Specify) ……..	5

D.4. Level of disaggregation (National / Provincial / District)

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……

D.5. Sponsoring agency / Name of the project (If relevant)

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……

Section E: Details of the Microdata Files Received Before

E.1. Did you receive any microdata files from DCS before? (circle the appropriate code)

Yes	1
No	2

E.2. If Yes, details of microdata files received

Date of receipt	Description of the data file & survey period	Office use only	Whether submitted the relevant report to the DCS	Date submitted
I.			Yes/No	
II.			Yes/No	
III.			Yes/No	
IV.			Yes/No	

Section F: Agreement

I/ We hereby agree to abide by all the provisions of the Microdata Dissemination Policy (Ver. 2-2026/03) of the Department of Census and Statistics, Sri Lanka and in particular the responsibilities of the user of microdata mentioned under Appendix D of the Microdata Dissemination Policy.

I/ We understand that, in case my organization or myself are found to flout the agreement, legal action can be taken against the organization or myself, which can include blacklisting.

I/ We confirm that the information provided in this form is accurate to the best of my/our knowledge.

F.1. Researcher/s

	Name	Signature	Date
1.			
2.			
3.			
4.			

F.2. Head of the Institute/Country Representative/Respective Head or Supervisor

I affirm that my organization, ……
……supports this project/ research/ study and requires that all the researchers abide by the Microdata Dissemination Policy and the terms and conditions of the access.

Name	
Position	
Telephone no.	
Email	
Signature	
Date	