

Application for access to licensed files for research purposes

The application form should be completed electronically(except for signature) then after filling the form, It should be printed, signed, scanned and sent

Mail to: [Director General, Department of Census and Statistics, No 306/71,Polduwa Road, Battaramulla, Sri Lanka.]

Or

E-mail scanned copy to: [dgcensus@statistics.gov.lk]

Section A. Primary Researcher

First name	
Last name	
NIC/Passport NO.	
Organization/Institute	
Postal address	
Telephone (with country code)	
Fax no (with country code)	
E-mail	

Section B. Other Researchers

Provide names, titles and affiliations of any other members of the research team who will have access to the restricted data.

01	First name	
	Last name	
	Position	
	NIC/Passport NO.	
02	First name	
	Last name	
	Position	
	NIC/Passport NO.	
03	First name	
	Last name	
	Position	
	NIC/Passport NO.	

Section C. Receiving Organization

Organization's /Institute's name		
Type of organization		
Postal address		

Section D. Description of the data file requested

(A separate agreement form for each data file is necessary. One form can be used for requesting data for several years of the same survey.)

Serial NO.	Name of the Survey	Year	Quarter	Office Use only

Section E. Details of the Study. (Please attach a copy of the project proposal)

E.1 Purpose of the study. (Objective)

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E.2 Analysis to be undertaken

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E.3 Expected final out put (circle the appropriate cage.)

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

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

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E.5 Sponsoring Agency/ Name of the Project (If any)

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Section F. Details of the micro data files received before

F.1 Did you receive any micro data files from DCS before? Yes 1
(Circle the appropriate code) No 2

F.2 If Yes, details of micro-data so received

Date of receipt	Description of the data file & survey Period	(Office use only)			Whether Submitted the relevant report to the DCS	
I					Yes/No	
II					Yes/No	
III					Yes/No	
IV					Yes/No	

Section G. Agreement

I hereby agree to abide by all the provisions of the policy and in particular the responsibilities of the User of micro-data mentioned under Appendix C of the Micro Data Access Policy.

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

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

G. 1 Researcher/s

	Name	Signature	Date
01			
02			
03			

G. 2 Head of the Institute/Country representatives/Respective head or Supervisors

I affirm that my organization,, supports this Project/activity and requires that all researchers abide by the Micro-data Access Policy and the terms and conditions of access.

Name	
Position	
Signature	
Date	