

Government of Pakistan
Ministry of National Health Services, Regulations and Coordination
Common Management Unit to manage HIV-AIDS, TB & Malaria

Data Request Form

To,

**The National Coordinator/
Deputy National Coordinator,
Common Management Unit (HIV AIDs/TB & Malaria)**

Data Request by :	Name of the Organization: Individual: Contact No: Email address :
Date of Request :	
Specify the Purpose of Data Request: ● Grant making ● Research Proposal ● Any other (Please specify):	
Specify the details of data required Period: ● Period: ● Type of Data: ● Level: District/ Provincial/National	
Signature & Seal of the requesting authority / Individual	
Comments by Manager DATA CMU (ATM):	
Comments by M&E and Surveillance Specialist CMU ATM:	
National Coordinator / Deputy National Coordinator: <input type="checkbox"/> Approved: <input type="checkbox"/> Further details required <input type="checkbox"/> Not Approved:	Signature
Date of Approval	

Guiding Note:

- The request for data will be addressed to **National Coordinator/Deputy National Coordinator** on prescribed format.
- CMU (ATM) contribution will be acknowledged in any National / International publications made.