

**BISP-DATA REQUEST FORM**NATIONAL SOCIO ECONOMIC REGISTRY
(BISP-NSER)

BISP SECRETARIAT

"F" Block, Pak Secretariat, Islamabad

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A. Geographical Location of Requesting Institution

1. Name of Requester (Institution):

2. Type of Institution:

3. Mailing Address(Official):

4. Official Phone Number(s): 5. Mobile Number(s):

6. EmailAddress: 7. Legal status of the Institution:
Government Department/Office,
Registered/incorporated under an Act
INGO/NGO/Foreign affiliation, etc

B. Purpose/Objectives

8. The major objectives and scope for requesting the information (please attach a brief proposal not more than one page).

9. Please indicate what do you request:

10. In which format would you like to receive the data?

A. Hard Copy. B. Soft Copy. C. Access to live Mechanism.

11. What is the planned time frame for using data?

From(dd/mm/yyyy): To: **C. Data Requirements**12. Location: Province: District: Tehsil: UC: 13. Select only one option from the following:-i. Information Summary: ii. Custom Analysis on BISP Data (dimensions):
(Please select required dimensions from section 14)iii. Beneficiary data [lists]: iv. Beneficiary data with selected dimension(s) [lists] through PMT score (0-16.17):
(Please select required dimensions from section14)

NSER Data Request Form

v. Beneficiary & Non-beneficiary data through PMT score(0-100):

vi. Any other data, please explain:

14. Dimensions: (dimensions at serial # viii -xiv cannot be selected altogether)

- | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|
| i). Poverty Score. | <input type="checkbox"/> | ix). Education Status. | <input type="checkbox"/> |
| ii). Area Location. | <input type="checkbox"/> | x). Rooms (Count): | <input type="checkbox"/> |
| iii). Gender. | <input type="checkbox"/> | xi). Toilet Type: | <input type="checkbox"/> |
| iv). Age Brackets. | <input type="checkbox"/> | xii). Electric Equipment | <input type="checkbox"/> |
| v). Relationships. | <input type="checkbox"/> | xiii). Gas Equipement: | <input type="checkbox"/> |
| vi). Disability. | <input type="checkbox"/> | xiv). Kitchen Assets: | <input type="checkbox"/> |
| vii). Marital Status. | <input type="checkbox"/> | xv). Live Stock: | <input type="checkbox"/> |
| viii). Employment Status. | <input type="checkbox"/> | xvi). Land | <input type="checkbox"/> |

15. Who inside and/or outside of your organization will have access to the data?(please specify)

16. Are you conducting own additional survey(s)?(if so, please specify the kind of data collected and the scope/coverage)

17. Have you ever received data from the NSER before? Yes No

18. Has the former data request been rejected by NSER? Yes No

19. Copy of CNIC of requester has been attached Yes No

I, the undersigned, hereby, certify that to the best of my knowledge, all information provided in this document is true and correct. I further understand and agree that any decision on the request for data is upon BISP NBR and that this request does not grant access per se.

Date (dd/mm/yyyy):

Signature of Authorized Requester