

DATABASE ARCHIVING APPROVAL FORM

< Name of Study >

Following persons give their approval of the above mentioned study/project.

Archive shall be stored and send on the following medium:

Tape
 CD(s)
 DVD(s)

Archive shall be send to the following postal address:

Head of <Your Unit>	
Name: _____	Signature _____
Date: ___/___/___ (DD/MMM/YYYYY)	

Study/Project Leader	
Name: _____	Signature _____
Date: ___/___/___ (DD/MMM/YYYYY)	