

HEC Data Management Form

Form ORIC-UOS-06

Instructions:

1. Please only type in the gray area by clicking the cursor there
2. Try to write precisely
3. Financially self-sustain events will be encouraged
4. Hard copy/handwritten forms will not be entertained
5. After completion, convert the form into PDF for onward transmission
6. Share the form with ORIC at least 15 days before the event
7. Share it further from the head’s official email account with ORIC at [**oric.media@uos.edu.pk**](mailto:oric.media@uos.edu.pk)

**Credentials**

|  |  |  |
| --- | --- | --- |
| 1. | Name: |  |

|  |  |  |
| --- | --- | --- |
| 2. | Designation: |  |

|  |  |  |
| --- | --- | --- |
| 3. | Department: |  |

**Research details:**

|  |  |  |
| --- | --- | --- |
| 4. | Title of Research: |  |

|  |  |  |
| --- | --- | --- |
| 5. | Documentation (e.g., Databook, CDs, Research readings/observations, etc.) |  |

|  |  |  |
| --- | --- | --- |
| 6. | Extra Resources (If required) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 7. | Legal Approval: | Yes (If yes please attach evidence) | No |

**Collaborators**

|  |  |  |
| --- | --- | --- |
| 8. | Who is a sponsor of study: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9. | Who are collaborators? | Name: |  | |
|  |  | |  |
|  | Designation: |  | |
|  | | | | |
|  |  | Faculty: |  | |
|  | | | | |
|  |  | Department |  | |

**Data Storage and Sharing**

|  |  |  |
| --- | --- | --- |
| 10. | Where you’ll store your data? | (Online cloud, USB, Departmental Archive, University Archive i.e., library) |

|  |  |  |
| --- | --- | --- |
| 11. | How you’ll share your data? | (Online mode, Hard drive, CD, register etc.) |

**Data Retention**

|  |  |  |
| --- | --- | --- |
| 12. | Challenges in selecting data for long term prevention |  |

|  |  |  |
| --- | --- | --- |
| 13. | How you’ll overcome these challenges |  |

**Data Submission**

|  |  |  |
| --- | --- | --- |
| 14. | Data Submitted in th form of: | * Hard Drive (USB) * CD * Data Book * Register |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 15. | Data Submitted to: | Name: |  | Designation: |  | Department: |  | Signature: |  |

Declaration:

I hereby certify that all information provided above is complete and correct to per best of my knowledge.

|  |
| --- |
| Signature: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 16. | Verification from Head/Principal | Name: |  | |
|  |  | |  |
|  | Designation: |  | |
|  | | | | |
|  |  | Faculty: |  | |
|  | | | | |
|  |  | Date: |  | |

**ORIC-UOS**

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| --- | --- | --- |
| 17. | Recommendation for Director ORIC |  |

**For Office Use of ORIC-UOS Only**

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Date of submission of Data Submission/ Management Form

\_\_\_\_\_\_\_\_\_\_\_\_

Director ORIC

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice-Chancellor