Application Form for Consent for Dataset Use

(*** To be given on Institution letter head)

Application Date:___/___/_____

To
The Principal Investigator
Biometrics and Bio-Medical Image Processing Laboratory
Department of Computer Science & Engineering
Tripura University (A Central University)
Suryamaninagar-799022, Tripura (W), India

Applicant's Name:_____

Designation: _____

Name of Organization: _____

Address (required): _____

E-mail (required): _____

I would like to apply for access to the dataset(s) indicated below. I have read the Agreement and agree to comply with the specified requirements.

1. Name of the Dataset: _____

2. Purpose of use (please describe the purpose of your research):

_____
_____
_____

Agreement

1. I shall restrict my use of the dataset(s) to only the purpose indicated above.

2. In order to protect the confidentiality of the dataset(s), I shall not analyse the data in any way that will disclose the identity of individual respondents or organizations.

3. I shall not permit anyone other than a person authorized through this Agreement to gain access to the dataset(s), and I will not redistribute the dataset(s) to any third party.

4. When publishing the results of research that utilizes the dataset entitled_____ _____, I shall acknowledge the source of the dataset(s) in the form of citing following research articles.

5. I understand that Biometrics and Bio-Medical Image Processing Laboratory bears no responsibility for any disadvantage I may sustain as a result of using the supplied dataset(s).

6. Violation of the agreement will result in the revoke of the permit, and the undertaking of necessary measures.

_____

(Name and Signature of the Head of the Institution)

***With Seal and Date