

# Application Form for Consent for Dataset Use

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

Application Date: \_\_\_/\_\_\_/\_\_\_

To

The Principal Investigator  
Biometrics Laboratory & Bio-Medical Image Processing Laboratory & Computer Vision 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.  
[1] Sourav Dey Roy, Tannistha Pal, and Mrinal Kanti Bhowmik, "Benchmarking of Natural Scene Image Dataset in Degraded Conditions for Visibility Enhancement", in Proc. 2021 IEEE International Conference on Image Processing (ICIP), IEEE, pp. 1999-2003, 2021.
5. I understand that Biometrics Laboratory; Bio-Medical Image Processing Laboratory and Computer Vision 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