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] S. Dey Roy M.K. Bhowmik and J. Oakley. "A Ground Truth Annotated Video Dataset for Moving Object Detection in Degraded Atmospheric Outdoor Scenes", Proceedings of the 25th IEEE International Conference on Image Processing (ICIP 2018), IEEE, pp. 1318-1322, 2018.

    [2] S. Dey Roy and M. K. Bhowmik "Annotation and Benchmarking of a Video Dataset under Degraded Complex Atmospheric Conditions and Its Visibility Enhancement Analysis for Moving Object Detection", IEEE Transactions on Circuits and Systems for Video Technology, Indexed by Science Citation Index (SCI), 2020.

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.

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(Name and Signature of the Head of the Institution)

***With Seal and Date