

Cubic immersive Virtual Reality Lab
Registration Form for Internal Users

1. Name of the User:
2. Name of the Institute/Organization:
3. Name of Research Supervisor / Faculty Advisor:
4. Project Code (if applicable):
5. Institute Extension No.:
6. Email ID and Phone/Mobile No:

Information related to the experiment/study:

Title / Objective of the IVRS Session:

Equipment/Software that will be utilized (basic setup includes the VR Projectors, one head tracker with 3D glasses, and one fly stick; other accessories include an additional 20 3D glasses):

Preferred Dates/Time Slot:

Expected Duration of Use:

Will you be bringing any specific instrument from your side to attach to the facility?

Do you expect any changes to the configuration setup of the facility?

Details of the experiment/study to be performed:

Signature and stamp of the Research Supervisor with date:

Please send us a copy of the publication/thesis report.

For Official Use only: -

External User Registration No: _____ Date: _____

Date of experiment:	Operator Assigned (Name with signature):
Approved Time Slot:	Remarks:

Finalized Budget details:

INDIAN INSTITUTE OF TECHNOLOGY BOMBAY

From collecting details of the scenario and equipment used (Cubic Immersive Virtual Reality Lab)

Information about the Principal Investigator

1. Name :
2. Designation :
3. Institute :
4. Telephone and email ID:

Questionnaire for experiment/study

[1] Title of Study:

[2] Name and details of the user:

[3] Sensors used in the experiment/study:

[4] File size of the scenario:

[5] Ethical Committee Approval Details (Number and Institute), if needed:

Please attach a copy of Approval Letter.

[6] Time required to conduct the experiment:

[7] Software from which the model was exported:

[8] Whether the scenario will be developed using lab facility or outside facility:

[9] Will you be bringing any special or additional equipment to attach to the facility for the experiment/study:

[10] Do you expect any changes to the configuration setup of the lab facility (such as changes in the software or hardware configuration:

Declaration: I hereby declare that the information provided above is true to the best of my knowledge. I agree to follow all lab rules and take responsibility for maintaining the equipment during the session.

Date:

Signature of PI

Incomplete forms or missing ethical clearance documentation (if any) may delay processing of the request.

