

# Indian Institute of Technology, Bombay

Eye Tracker Facility, SJMSOM  
Behavioural Lab, 3rd Floor, SJMSOM  
Email: office.som@iitb.ac.in, Tel. No: 022-25766796



1. Date: \_\_/\_\_/\_\_

2. Name of the User: \_\_\_\_\_

3. Name of the Principal Investigator/Guide and Department: \_\_\_\_\_

4. Email and Tel. No.: Email: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Number of Participants/Sessions: \_\_\_\_\_

6. Study Title: \_\_\_\_\_

## 7. Experimental Details:

- **Stimulus Type:** ☐ Static Images ☐ Videos ☐ Text ☐ Webpage/Interface  
☐ Dynamic Scenes ☐ Other: \_\_\_\_\_
- **Approximate Session Duration:** \_\_\_\_\_ minutes per participant
- **Brief Method Description:** \_\_\_\_\_

8. Special Requirements (if any): ☐ Calibration assistance ☐ Custom experimental setup  
☐ Data analysis support ☐ After-hours access

Details: \_\_\_\_\_

**Data Required:** ☐ Fixation data ☐ Saccade metrics ☐ Heatmaps ☐ Gaze plots  
☐ Areas of Interest (AOI) analysis ☐ Raw gaze coordinates  
☐ Pupillometry data ☐ Video recording

## ACKNOWLEDGMENT

We agree to acknowledge the **Eye Tracker Facility, Behavioral Lab, Central Facility of IIT Bombay** in our publications, reports, conference presentations, and thesis in which this data is used.

Signature of the User: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

## INSTRUCTIONS:

- A maximum of one registration form will be accepted at a time per user.
- Users must have completed mandatory training before first-time use.
- Inform facility at least 48 hours in advance for cancellations.
- Ensure participants meet eye tracker requirements (no heavy eye makeup, suitable for contact lens wearers).

**FOR OFFICE USE ONLY**

**Date of Experiment:** \_\_/\_\_/\_\_ **Time:** \_\_\_\_\_ to \_\_\_\_\_

**Operator Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_