

Indian Institute of Technology, Bombay

Eye Tracker Facility, SJMSOM
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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
 Pupilometry 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:** _____