

# SUPERCOMPUTER EDUCATION AND RESEARCH CENTRE

## Validation Form For Access to NVIDIA DGX-1 Work Station

### **USER DETAILS:**

1. Name :: .....
2. Existing Computational ID :: .....
3. Department :: .....
4. Designation :: .....
5. Email Address :: .....
6. Phone Number (Mob.) :: .....
7. SR No. / ID Card No. :: .....

### **FOR USERS OTHER THAN FACULTY:**

8. Degree Registered :: .....
  9. Date of Registration :: .....
  10. Name of the Research Advisor :: .....
- (for students /Post-Doctoral Fell ows only)

### **COMMON TO ALL**

- 11.A) Brief description of Deep Learning and AI based research to be carried on the system:

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Kindly Tick on Require

Modules: AI & ML:

- ☐Caffe ☐Caffe2 ☐Cntk ☐CUDA ☐Digits ☐Inferencesserver ☐Mxnet  
☐Pytorch ☐Tensorflow ☐Tensorrt ☐Theano ☐Torch

B) Expected Resource usage

- No. of GPUs ( to be filled) :: .....
- Wall clock time of the job per run :: .....

(PTO)

12. Charges for regular usage for SERC facilities for IISc users.

**Note: The usage of the NVIDIA DGX resources will be charged as per the rates given in**

**<http://www.serc.iisc.ac.in/for-user/usage-charges/>**

13. I Undertake

- (a) that the account would be used only by me and for the approved/ research work;
- (b) my usage will be paid as per the charges stated above;
- (c) that I will be fully responsible for all usage arising out of this account and will exercise adequate care to prevent misuse of this account either directly or indirectly like storage/printing / transmission of objectionable textual or pictorial information etc.;
- (d) to bring to the notice of the authorities any misuse of account noticed by me;
- (e) to inform the authorities promptly to close my account when it is no longer required for use;
- (f) to give due acknowledgement of the use of SERC facilities in all my publications including thesis journal and conference papers, technical reports etc.

Date :

.....  
SIGNATURE OF THE APPLICANT

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(for Student/Res. Associate/Project Associate/Applicants)

**To be Filled in by the Guide/Research Supervisor:**

Recommendation of Guide/Supervisor : .....

Due diligence would be exercised to ensure that this account will be used by the applicant only for his/her research work.

I undertake to pay for the usage as per the charges stated above.

When the account is no longer required, the authorities will be promptly informed.

Date :

.....  
SIGNATURE OF GUIDE/ADVISOR

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**FOR OFFICE USE ONLY:**

Application Received on	::	.....
Is this a chargeable account	::	YES/NO
Account Created on	::	.....
Account valid upto	::	.....

***Chairman's Approval***