SUPERCOMPUTER EDUCATION AND RESEARCH CENTRE

Validation Form for Access to Parampravega

USER DETAILS:

1. Name :: …..

2. Existing Computational ID :: …..

3. Department :: …...…

4. Designation :: …...…

5. Email Address :: …...…

6. Phone Number :: …...…

7. SR No. /ID Card No :: …...…

FOR USERS OTHER THAN FACULTY:

8. Degree Registered :: …...…

9. Date of registration :: …..

10. Name of Research Advisor :: …...…

   (For Students/Post-Doctoral Fellows only)

COMMON TO ALL

11.   A) Broad topic of Research :: …...

   B) Expected Resource usage :: …...

   ➢ No.of CPUs (minimum no.of CPUs 240):: ……...…

   ➢ No.of GPUs (if required, to be filled) :: …...

   ➢ Wall clock time of the job per run :: …...

12. Additional requirements (if any) :: …...

Please note that extra disk space in your home directory is not provided using this form. However, you may ask for local scratch space on the HPC (High-Performance Computing) machine applied for, if required, using this column. While accessing this local scratch space you need to follow the instructions on the use as given by the system administrator from time to time.

(PTO)

13. Usage Charges

Note: The usage of Parampravega resources will be charged as per the rates given in

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

14. 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 in the above URL;
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.

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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 in the above URL.

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 up to   :: ....

Chairperson Approval