

For office use only

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**POSTGRADUATE INSTITUTE OF SCIENCE**  
**UNIVERSITY OF PERADENIYA**

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**DSU Cluster Account Request Form**

This form is for authorizing the use of machines (nodes) in the DSU cluster. All information on this form is kept confidential and will be used for identification and determination of eligibility for a DSU account. In order to obtain access to the DSU cluster, you must obtain approval from the Coordinator of the DSU.

Be sure to read and sign Page 3 of this form.

<b>Applicant's Information</b>		
Full Name:		
NIC Number:		
Email Address:		
Contact Numbers:	Mobile:	Office:
	Residence:	
<b>For Undergraduate and Postgraduate Applicants</b>		
Institution/Organization:		
Registration Number:		
Degree Programme:		
Faculty/Board of Study:		
<b>Other Applicants</b>		
Institution/Organization:		
Faculty/Department/ Division:		
Designation:		
<b>Details of the Request</b>		
Short Description of the Project:		

Funding Source (if any):			
Principal Investigator/Supervisor:			
Duration of Account*	Starting Date:		
*Account will be activated only during this period. Initial access will be limited for three months.			
<b>Resource Requirements</b>			
Software Requirements (Optional)	Java <input type="checkbox"/>	Python <input type="checkbox"/>	R <input type="checkbox"/>
	Cassandra <input type="checkbox"/>		MySQL <input type="checkbox"/>
	Other (Please specify)		
Access Method	At DSU <input type="checkbox"/>	Remote* <input type="checkbox"/>	
*Remote access could be done within the university network only.			
Other Requirements (Please specify)			

**I certify that the information provided on this form is complete and accurate to the best of my knowledge.**

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Signature of the Applicant                      Date                      Signature of the Supervisor/Head of the Department or Institute

Once completed, please email this form and any necessary accompanying documentation to [hpcsupport@pgis.lk](mailto:hpcsupport@pgis.lk). Alternatively, the form can be handed over to the DSU technical support in-charge.  
The request will be processed within 2-3 working days. Once the user account is created, your username and password will be sent via email.

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<b>Approval of the Coordinator/Data Science Unit</b>	
Coordinator's Recommendation	
Coordinator's Signature	
Date	

## Rights and Responsibilities of the Users of DSU Cluster

Use of PGIS-owned or operated computing equipment carries with it responsibilities established by the Postgraduate Institute of Science (PGIS).

In addition,

- Physical protection of computer systems is everyone's responsibility. The users must respect the privacy of others.
- Take measures to protect your account and your data from unauthorized access.
- Do not share your account. Account sharing is against PGIS acceptable user policies.
- Contact the DSU technical support in-charge regarding any technical issues. (E-mail: [hpcsupport@pgis.lk](mailto:hpcsupport@pgis.lk)).
- If you suspect that your account has been used by someone else, contact the DSU technical support in-charge immediately.
- The main function of the DSU cluster is to provide high performance computing facilities. For this reason, the DSU cluster is optimized for speed and are not intended for long-term or archival storage. We cannot guarantee that data will not be lost due to operational factors in the use of the clusters. As a result, it is the researcher's responsibility to back up their own important data externally. We strongly encourage users to maintain an external copy of all data and not to use DSU cluster as the only copy of files critical to their research.
- The maximum duration of a job is seven days. The process will automatically be terminated after the maximum duration. If you need any additional software modules, inform to the DSU technical support in-charge.
- Do not access or attempt to access systems or data for which you have not been authorized to access. This includes plagiarism and other forms of cyber ethics. Academic violations are handled expeditiously by the DSU Committee. Accounts of the violators will be deactivated, and the necessary actions which are recommended by the University By-Laws will be taken.

**I, the undersigned, have read and agreed to abide by the policies stated above concerning my use of DSU cluster. I certify that the information provided is complete and accurate to the best of my knowledge.**

Name:

Signature:

Date: