

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
COGNITIVE SCIENCE
FORM FOR NEW LOGIN – (for outsiders and other department persons only)

Name : _____

Date:

User's Roll No./P.F. No. (if institute person) _____

Designation (if employee): _____

Department : _____

Address: _____

Contact Nos. : _____

Desired login: _____ Initial password _____ (at least 8 characters)

Login required up to (date):

Department Person (Recommender) Name, Signature _____ (Signature of the User)
