

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. (Mandatory): _____

Designation (if employee): _____

Department: _____

Address: _____

Contact Nos. : _____

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

Login required up to:

Department Person (Recommender) Signature

(Signature of the User)