INDIAN INSTITUTE OF TECHNOLOGY KANPUR
COMPUTER CENTRE

FORM FOR NEW LOGIN – NAME

First Name : _____ Middle Name : _____ Last Name : _____

User's Roll No./P.F. No. (Mandatory) : _____

Designation (if employee) : _____

Department : _____

Address (Residence) : _____

Address (Office) : _____

Tel. No. (Office) : _____ Tel No. (Res.) : _____

Desired Initial password : _____ (not more than 8 characters)

I understand that all the announcements about CC will be made in the relevant local newsgroups and through the CC web site. It is my responsibility to look at this information.

(Signature of the User)

_____

Department/Project Co-ordinator's Recommendations :

I hereby approve the above named person to have an official account in the Computer Centre Valid

Till : _____

Signature: _____

Date: _____

For CC Use Only

Login ID Given: _____ File System : _____

Login Created by: _____ Date : _____