

**Indian Association for the Cultivation of Science
Jadavpur, Kolkata 700 032**

Registration Form for Internet/Mail Account for Student/Staff

Department : _____

Name (in capital letters) :

Name of the Supervisor (not required for Staff) :

Date of Joining :

Designation:

I hereby declare that the information furnished in the application is true and correct to the best of my knowledge and belief. I read the online IT Agreement (http://www.iacs.res.in/usg_policy.html) and I accept all the terms and conditions mentioned in the Agreement.

Signature of the Applicant

Signature of the Supervisor :

Signature of the Head of the Department :

Office Purpose Only

LDAP User Name:

Mail ID:

Initial Password:

Signature with date