



INDIAN INSTITUTE OF TECHNOLOGY KANPUR
OFFICE OF OUTREACH ACTIVITIES
SURGE Program



No Dues form

Name & Roll No.: _____

Gender: Male/Female

Affiliation: _____

Address: _____

Program completed on: _____

Candidate Signature

Department	Remark	Signature
Computer Center		
ID Cell		
Health Center		
Library		
Hall Office		
Mentor		
OOA Office(Surge Program)		