



EASTERN INSTITUTE FOR INTEGRATED LEARNING IN MANAGEMENT

UNIVERSITY

Directorate of Distance Learning

SPECIALIZATION SELECTION FORM

- **USE BLUE INK ONLY**
- **FILL THE FORM IN BLOCK LETTERS**

Name of the Student : _____

Course & Semester : _____

Enrollment No : _____

ECR Code No. / Location : _____

Phone No : _____

E-mail Address : _____

Correspondence Address : _____

Specialization : any one on offer (1) : _____

Subjects :

(2) : _____

Subjects :

(Incase of dual specialization, the students has to pay Rs.2000/-). Pls also mention the Subjects.

Signature of the Student

Date: ____/____/____

Note: Student will be charged Rs. 1000/- in case of change of Specialization after submission of this form in the University.

For office use

Request received on : _____

Approved / Not Approved : _____

Signature of AR / Registrar : _____