



EASTERN INSTITUTE FOR INTEGRATED LEARNING IN MANAGEMENT

UNIVERSITY

Directorate of Distance Learning

FORMAT FOR CHANGE OF SPECIALIZATION

Name of the Student : _____

Registration No. / Enrolment No. : _____

Program Name & Module : _____

Phone No. : _____

E-mail Address : _____

Correspondence Address : _____

Change of Specialization : From: _____ To: _____

Reason for Change of Specialization _____

Payment details* : DD/Bank Challan No: _____ Date: _____

Bank: _____ Amount (in Rs.): _____

* Rs 1,000/- if study material has not been dispatched by the University.

* Rs 2,000/- If the request is received after dispatch of study material.

Signature of the Student

Date: ____ / ____ / ____

For office use

Request received on : _____

Approved / Not approved : _____

Signature of Authorized Person : _____