



## REQUEST FOR CHANGE OF SPECIALIZATION

### To: Manager – Admissions

Name of the Student : \_\_\_\_\_

Registration No. : \_\_\_\_\_

Programme Name & Module : \_\_\_\_\_

Study Centre : \_\_\_\_\_ Code: \_\_\_\_\_

Phone No. : \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_

City: \_\_\_\_\_ Pin: \_\_\_\_\_

Tel: \_\_\_\_\_

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 AIMA-CME.

\* Rs 4,000/- if the request is received after dispatch of study material.

\_\_\_\_\_  
**Signature of the Student**

Date: \_\_\_/\_\_\_/\_\_\_

### For office use only

Request received on : \_\_\_\_\_

Approved / Not approved : \_\_\_\_\_

Signature : \_\_\_\_\_