



ALL INDIA MANAGEMENT ASSOCIATION

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CENTRE FOR MANAGEMENT EDUCATION**

Management House, 14, Institutional Area, Lodhi Road, New Delhi-110003
Tel: 011-43128100, 24645100 Fax: 011-24626689, 24643035

REQUEST FOR DUAL SPECIALISATION

Name : _____

Registration No. :

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Study Centre : Name _____, Code _____

Specialisation Requested :

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Write the Name of the Specialisation in the box (Please check for available Specializations in your programme on AIMA website / Programme guide).

Reason(s) for applying:

Contact Details

Email ID : _____

Mobile No. : _____ Tel: _____

Payment Details

DD/Challan No: _____ Date: _____ Amount: _____

Issuing Bank : _____

Date: _____

Students Signature: _____

(FOR OFFICIAL USE ONLY)

Request received on : _____

Approved / Not Approved : _____

Reasons (if not approved) : _____

Manager-Admissions