



To
Manager – Admissions

**ALL INDIA MANAGEMENT ASSOCIATION
CENTRE FOR MANAGEMENT EDUCATION**

Management House, 14, Institutional Area, Lodhi Road, New Delhi-110 003
Tel: 24617354, 24617355 Fax: 91-11-24626689

RE-REGISTRATION FORM

July _____ / January _____ Session

Programme Name : _____

Name of the Student : _____

Registration No. :

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Current Module : _____

Seeking Registration in : _____

Module	Subject Code	Subject Name

Details of the fee paid: DD / Bank Challan / Pay Order

No: _____ / Date: _____ / Amount (Rs) / US\$: _____

Issuing Bank: _____

Address for correspondence: _____

Contact No: _____ / E-mail ID: _____

List of enclosures: 1) DD / Bank Challan 2) Grade card of current module
(If result is declared)

Student's Signature

_____/_____/_____
Date