



RE-REGISTRATION FORM

(July 2017 – Academic Year 2017-2018)

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Re-registration to Semester: _____

Note: Kindly read the important instructions

Program Name: _____

Information Center: _____
(Please select the Information Center from the list available on the website distance.nmims.edu)

G.R. Number / SAP ID / Student No.: _____

1. Student's details:

Full Name: _____
Surname First name Father's/ Husband name Mother's Name

Sex: Male Female

(Please ✓ mark whichever is applicable)

Date of Birth: _____ E-mail _____

Address of correspondence: _____

Phone: (Resi.) _____ (off.) _____ (mob.) _____

2. Payment Details

(Please mention your name, course name, GR No. /SAP ID/ Student No., Contact no on the reverse side of Demand Draft)

Program Fee:

DD No. _____ Bank Name _____ DD Date _____

Amount Rs. _____ In favour of 'SVKM's NMIMS' Payable at Mumbai

3. Study Material to be dispatched to (Please ✓ mark whichever is applicable)

Address of correspondence

Information Centre

Declaration by the Candidate

I hereby solemnly declare that the information furnished by me in this application is true to the best of my knowledge and belief. If any information found incorrect at any stage of my study, the University reserves its right to cancel my admission and no fees shall be refunded to me.

Date:

Place:

(Signature of Student)

OFFICE USE ONLY (INFORMATION CENTER)

Name of the IC Co-ordinator

Stamp & Sign of IC Co-ordinator

OFFICE USE ONLY (Head Office)

Checked by

verified by

Dy. Registrar