RE-REGISTRATION FORM
(July 2017 – Academic Year 2017-2018)

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 __________________________