



INTEGRAL UNIVERSITY,LUCKNOW

SPECIALIZATION FORM

(To be filled in by the student in Block Letters)

PERSONAL INFORMATION

ENROL. NO. -	
STUDENT NAME -	FATHER NAME -
COURSE -	SEMESTER -
ADDRESS -	

SPECIALIZATION SUBJECTS & SUBJECT CODE (if applicable*)

S.NO.	SUBJECT NAME	SUBJECT CODE

I hereby declare that all the information given above is true & to the best of my knowledge.

Signature of the Candidate

Date

Signature of the Coordinator

(With Seal and Date)