

Pioneer Institute of Professional Studies (An Autonomous  
Institute established in 1996)

**SPECIALIZATION FORM**

**(Please write in CAPITAL LETTERS only and write clearly and neatly)**

SN	Particulars	Details furnished by student
1	Roll. No	
2	Name of Student	
3	Father's Name	
4	Name of Course (BBA)	
5	Mobile Number	
6	Specialization –Opted	

**Note:** Specializations can be opted as per the Curriculum of the Course offered by the Institute.

I hereby certify that I am opting the above specialization for my course. I also understand that opting of above specialization does not mean I have cleared my fourth semester. The specialization will be granted to me only if I am eligible for fifth semester i.e. subject to result of fourth semester.

I understand that the as per the rules and regulations of DAVV and Institute, classes will be offered in the respective specialization only when the minimum strength of the batch in that specialization is 20. If the strength is less than 20 in any specialization, I understand that only contact classes / doubt solving classes will be held.

I further understand that Institute reserves the rights to change / amend and accordingly issue notification in matters related to choice of specialization in case deemed fit.

I hereby confirm and declare that the information given above is true and correct. I am aware that the specialization once opted above will not be changed under any circumstances and will remain same for entire course tenure.

Date:

Place:

\_\_\_\_\_  
(Signature of Student)

Full Name of Student: \_\_\_\_\_