



GLOBAL INSITUTE OF BUSINESS MANAGEMENT AND STUDIES
BUSINESS SCHOOL

Programme Change Form

Note: Please fill up all the details or contact academic counsellor for more details.

Reference No: _____

Date of Admission: _____

Session: - June/December (Please Select)

Name as per certificate: _____

Correspondence Address: _____

Landmark _____

City | State | Pin code: _____

State: _____

Country: _____

Mobile No: _____

Email-ID: _____

Course Opted At The Time Of Admission: _____

Course To Be Changed: _____

Disclaimer By The Applicant Student:

The information provided above is true to best of my knowledge. I acknowledge that I have read and understood all the Guidelines, Terms and Conditions of Examination at GIBMS and I confirm to be abiding by all norms of GIBMS Business School.

Please email this form on exam@gibms.co.in

Thanks and Regards,

STUDENT (NAME AND SIGNATURE)

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