

Department of Commerce & Business Management
Faculty of Commerce & Management
Integral University, Lucknow

M. Com Specialization Form , Batch_____

Name: _____ **Father's Name :** _____
Address: _____ **Mobile No:** _____
Enrolment No: _____ **Roll No:** _____ **Group:** _____
Specialization : _____

Group 1

Financial Management

- 1- Financial Market
- 2- Investment Analysis & Portfolio Management

Group 2

Marketing Management

- 1- Advertising Management
- 2- Customer Relationship Management

Group 3

Human Resource

- 1- Human Resource Policy & Practices
- 2- Training & Development

Note: The student is required to opt only one group (Two papers) under specialization from above Three groups by putting tick mark in the box provided.

Signature : _____

Name: _____

(For Office use only)

Name: _____ **Fathers Name :** _____
Address: _____ **Mobile No:** _____
Enrolment No: _____ **Roll No:** _____ **Group :** _____
Specialization : _____ (Approved/Rejected)

Signature of the Dean, (FCM)

Signature of the HoD,(DCBM)