

APPLICATION FORM



POST GRADUATE DIPLOMA IN MANAGEMENT



Asian School of Business Management

BHUBANESWAR

www.asbm.ac.in

CORPORATE OFFICE

8, Sai Anandam Complex, Patia Square

Bhubaneswar - 751 024

Phone : 0674 - 2744881/882

TOLL FREE : 18003 - 4565855

CAMPUS

Shiksha Vihar, ASBM Bhol

Chandaka, Bhubaneswar- 754 012

Phone : 0674 - 2374824/01-05

E-Mail : admission@asbm.ac.in

No.

STUDENT NUMBER

Grid for student number: 10 empty boxes.

FOR OFFICE USE ONLY



Asian School of Business Management

Bhubaneswar

APPLICATION FORM

INSTRUCTION : The application form has to be filled in clearly and legibly in your own handwriting. Incomplete form may be rejected.

SECTION A Preference

NAME OF THE PROGRAMME

Paste your coloured passport size photograph

SECTION B General Information

1. Name of the Candidate (in block letters) [Grid]

2. Father's Name [Grid]

3. Mother's Name [Grid]

4. Date of Birth [Grid] (in words)

5. Address for Correspondence (in block letters) (in words)

[Grid]

[Grid]

[Grid]

District [] State []

Pin Code [] Phone with Area Code []

6. E-mail Address [Grid]

7. Permanent Address (in block letters)

[Grid]

[Grid]

[Grid]

Pin Code [] Phone with Area Code []

Mobile No. [Grid]

17. Work experience in chronological order. Attach separate sheet, if necessary.

Designation	Name of the Organisation	Period of Service		Nature of the job
		From (Date)	To (Date)	

SECTION D Other Information

18. Have you appeared in any entrance examination ? (Please tick)

CAT XAT MAT Any other (specify)

If yes, mention your Roll No. / Registration No. _____ Month / Year _____

Percentile Score _____

19. Please mention the source from which you came to know about Asian School of Business Management .

a) Newspaper _____ b) Magazine _____ c) Through friends _____

d) Any other _____

20. Please state briefly why you want to take up management as a career (not exceeding 60 words)

21. Hobbies _____

22. If you have represented your University / State / Country in any sports, give details. _____

23. Occupation / Designation of

Father _____ Mother _____

24. Total Annual Income of the household (gross) _____

25. In case of emergency, please contact Mr. / Ms. _____

Tel. Number (R) _____ Tel. Number (O) _____

Relationship with _____

DECLARATION

I declare that the information furnished in this application are true to the best of my knowledge and belief and I understand that my application may be rejected and admission cancelled if any information provided herein is found to be incorrect at any time.

Place :

Signature of the Candidate (in full)

Please enclose copies of the following documents and tick the items.

- 1. High School Certificate and Mark Sheet
 - 2. +2 / HSC Certificate and Mark Sheet
 - 3. Graduation (B.A., B.Com, B.Sc., B.Tech etc) Certificate and Mark Sheet
 - 4. Evidence of Date of Birth (Only if HSC Certificate does not provide date of birth)
 - 5. Caste Certificate, if applicable
 - 6. Physically challenged certificate, if applicable
 - 7. Sports participation certificate, if applicable
 - 8. College Leaving Certificate
 - 9. CAT / XAT / MAT Score Card
 - 10. Any other, Please Specify _____
- Total number of documents attached _____

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Mr / Ms has been selected in GD and PI held on for Programme. He / She has deposited the registration fee of (Rs.) onVide Demand Draft / Banker's Cheque bearing No. Datedrawn in favour of

Admission Permitted / Not Permitted

Admission Officer

Chairperson, Admission

Director



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