



## Subscription Form

1. Name of the subscriber : \_\_\_\_\_

2. Designation : \_\_\_\_\_

3. Organization / Institution : \_\_\_\_\_

4. Postal Address : \_\_\_\_\_

Pin Code \_\_\_\_\_ Tel / Fax with STD Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

5. Demand Draft No. : \_\_\_\_\_ Amount \_\_\_\_\_

Bank drawn on : \_\_\_\_\_ Date \_\_\_\_\_

6. Subscription: Please Tick: One Year / Three Years

**Signature & Seal**

**Address:** The Circulation Manager, ASBM Journal of Management, 8, SaiAnandam Complex, Patia, Bhubaneswar-754024, Orissa, India.