

# APPLICATION FORM



**POST GRADUATE DIPLOMA IN MANAGEMENT**



**Asian School of Business Management**

**BHUBANESWAR**  
**[www.asbm.ac.in](http://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](mailto: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 \_\_\_\_\_

**FOR OFFICE USE**

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

Admission Permitted / Not Permitted

Admission Officer

Chairperson, Admission

Director



## Asian School of Business Management

BHUBANESWAR  
[www.asbm.ac.in](http://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](mailto:admission@asbm.ac.in)