



# Asian School of Business Management

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## Nomination Form

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Name of the Programme Title \_\_\_\_\_

Duration \_\_\_\_\_

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## Particulars of Nominee

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Name of the Participant \_\_\_\_\_

Designation \_\_\_\_\_

Mailing Address \_\_\_\_\_

Tel.: Office Number \_\_\_\_\_ Residence No. \_\_\_\_\_

E-mail ID \_\_\_\_\_ Fax No. \_\_\_\_\_

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## Sponsor

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Sponsoring Organisation \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax No. \_\_\_\_\_

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## Remittance

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Draft/ Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_

For Rs. \_\_\_\_\_ Drawn on \_\_\_\_\_

Signature \_\_\_\_\_

Sponsoror \_\_\_\_\_

*Nomination fee may please be sent along with nomination Form and Demand Draft / Cheque drawn in favour of ASBM to : Industry Connect Division, Asian School of Business Management , 8, Sai Anandam Complex, Patia Square, Bhubaneswar - 751024, Phone: 0674-237 4827/ 26*

**1. Description of Present Responsibilities**

**2. Qualification**

**3. Work Experience**

**4. Other MDPs attended**

**5. What are your Expectations from this Programme**