



# 3 Months Advanced Brand Management Course



NAME : .....

ADDRESS : .....

.....

DATE OF BIRTH : .....

OCCUPATION : .....

TEL NO.: ..... E-mail : .....

### EXPERIENCE

NAME OF ORGANISATION	TENURE	DESIGNATION
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I would like to join the 3 Months Advanced Brand Management Course at SAB™ because :

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All information given above is true and authentic.

Signature : .....

Date : .....

The cheque or draft should be in the name of,  
 'SAMSIKA MARKETING CONSULTANTS PVT. LTD.' payable at Mumbai.

#### Details of Payment

Please find enclosed the payment vide cheque / draft no.....

Dated .....on .....bank



15<sup>th</sup> Anniversary Year

**SAMSIKA® ACADEMY OF BRAND MANAGEMENT™ (SAB™)**  
**SAMSIKA MARKETING CONSULTANTS PVT. LTD.**