



GBU School of Management

Final Placement / Summer Placement

Name of the Organisation

Address

Interested in taking students

a) For Final Placement ☐

b) For Summer Placement ☐

c) For Both ☐

No. of students for Final Placement / Summer Placement

Area of specialisation

Date for pre placement talk

Expected Date of joining the Organisation

Name of the Authority

Designation

Contact no. & E-mail

Date Signature of the Authority