



**AKSID**  
CORPORATION

**AKSID CORPORATION LIMITED**  
**COMMUNICATION MATERIALS**

Particular	Quantity Required	Remarks
Business Card		
ID Card		
Mobile SIM		

**PHOTOGRAPH**

Name	
Designation	
Department	
Mobile Number	
E-mail Address	
Joining Date	
Office ID Number	
National ID/ Passport No	
Blood Group	
Emergency Contact Number	Name
	Mobile Number

Signature

Recommended by  
(Department Head)

Approved by