



Bureau For Health And Education Status Upliftment

{Constitutionally Entitled As Health-Education, Bureau }

SUBSCRIPTION FORM

I/WE WANT TO SUBSCRIBE BELOW MENTIONED PRODUCT, PLEASE ACCEPT MY/OUR
SUBSCRIPTION APPLICATION WITH FOLLOWING PARTICULARS

Name of Organization/Institution/Individual Mob. No. Email Any Additional Information	SUBSCRIPTION TARIFF					
	Particulars	Duration of Subscription	Price	Price Including GST 18%	Tick in Application Box	
Account Details Name of A/C Holder: Health Education Bureau Name of the Bank: UCO Bank Account Number:20960210003121 IFSC code: UCBA0002096 MICR Code:302028023 Bank Branch Name & Code: Mansarovar, Jaipur Branch Code:002096 District & State: Jaipur, Rajasthan	Journal of Research in Indian Medicine	1 Year (Print)	2410	GST-NA	<input type="checkbox"/>	
	Journal of Research in Indian Medicine	1 Year (Online)	1440	GST-NA	<input type="checkbox"/>	
	AYUHOSP SOFTWARE	Activation +1 Year Subscription		21016.95	24800	<input type="checkbox"/>
		1 Year (Renewal)		7457.63	8800	<input type="checkbox"/>

I/We Hereby Enclose the Demand Draft/Cheque/NEFT/RTGS Transaction No.
of Rupees..... Dated Bank & Branch Name
..... in favor of "Health Education Bureau". Payable a Jaipur.

Address of Subscribing Organization/Institute/Individual

City: District: State: Pin Code:

Date:

Place:

Signature:

PLEASE SEND US THE FILLED FORM WITH REQUISITE FEES AT FOLLOWING ADDRESS

Address: **HEALTH EDUCATION BUREAU**
55/20, Rajat Path, Mansarovar,
Jaipur, Rajasthan, India, Pin :302020
Contact: 0141-2783681, 07976447983, 08690723563
E-Mail: support@heb-nic.in, serviceheb@gmail.com
Website: www.heb-nic.in