|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | Name of Organization/Institution/Individual  …………………………………………………………………  Mob. No. …………………………………………………..  Email ……………………………………………………....  Subscription Year ………………….………………….. | **SUBSCRIPTION TARIFF** | | | | **Duration of subscription** | **Price**  **(Inclusive of Installation & Delivery Charges)** | **Tick in Application Box** | | **1 Year**  **Multi User** | 1,400 Rupees  (For any one animal) |  | | **1 Year**  **Multi User** | 4,250 Rupees  (For any six animals)  707 Rupees for each additional animal |  | | **Please tick the required animal modules** | **3 Year**  **Multi User** | 9,790 Rupees  (For any six animals)  1,632 Rupees for each additional animal |  | | **Frog, Star Fish, Fetal Pig, Cat, Earthworm, Cockroach, Rat, Pila, Scoliodon, Pigeon, Fresh Water Mussel, Grasshopper, Prawn, Crab** | | **5 Year**  **Multi User** | 16,250 Rupees  (For any six animals)  2,700 Rupees for each additional animal |  | | **(On all transactions 18% GST will be applicable)** | | |   I/WE WANT TO SUBSCRIBE “Digi-Frog” Software, PLEASE ACCEPT MY/OUR SUBSCRIPTION APPLICATION WITH FOLLOWING PARTICULARS  Date:  Place: Signature:  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.   |  |  | | --- | --- | | **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** | **Address of Subscribing**  **Organization/Institute/Individual**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­Pin Code:\_\_\_\_\_­\_\_\_\_\_ | |
| 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, 09636348191**  **E-Mail: support@heb-nic.in, serviceheb@gmail.com**  **Website: www.heb-nic.in, www.journalofhospitalpharmacy.in** |

**GST Reg. No: 08AJAPA7570J1Z8**

**{Known As Health-Education, Bureau (India)}**

**Bureau For Health And Education Status Upliftment (India)**



SUBSCRIPTION FORM – DIGI-FROG