|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Name of Organization/Institution/Individual…………………………………………………………………Mob. No. …………………………………………………..Email ……………………………………………………....Subscription Year ………………….………………….. | **SUBSCRIPTION TARIFF** |
| **Duration of subscription** | **Price****(Inclusive of Installation & Delivery Charges)** | **Price (Including GST)** | **Tick in Application Box** |
| **1 Year****Multi User** | 4,250 Rupees(For Ten animals)400 Rupees for each additional animal | **5,015 ₹** |  |
| **Please tick the required animal modules** | **3 Year** **Multi User** | 9,790 Rupees(For Ten animals)900 Rupees for each additional animal |   **11,552 ₹** |  |
| **Frog, Star Fish, Fetal Pig, Cat, Earthworm, Cockroach, Rat, Pila, Scoliodon , Fresh Water Mussel, Prawn, Grasshopper** |
| **5 Year****Multi User** | 16,250 Rupees(For Ten animals)1600 Rupees for each additional animal | **19,175 ₹** |  |
| **\*Customized Packages (For desired duration/modules) are also available for all Journals/Softwares.** |

I/WE WANT TO SUBSCRIBE “Digi-Frog” Software, PLEASE ACCEPT MY/OUR SUBSCRIPTION APPLICATION WITH FOLLOWING PARTICULARSDate: Signature:Place: 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 at 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** |

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

**GST Reg. No: 08AJAPA7570J1Z8**

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

SUBSCRIPTION FORM – DIGI-FROG