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

|  |  |
| --- | --- |
| Name of Organization/Institution/Individual……………………………………………………………………………………………………………………………………Mob. No. …………………………………………………..Email ……………………………………………………....Subscription Year ………………….………………….. | **SUBSCRIPTION TARIFF** |
| **Duration of subscription** | **Price****(Inclusive of Delivery Charges)** | **Tick in Application Box** |
| **1 Year****(Print)** | **2410 ₹** |  |
| **1 Year****(Online)** | **1440 ₹** |  |

I/WE WANT TO SUBSCRIBE Journal of Prosthodontics Dentistry (JOPD), PLEASE ACCEPT MY/OUR SUBSCRIPTION APPLICATION WITH FOLLOWING PARTICULARSI/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:\_\_\_\_\_­\_\_\_\_\_ |

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** |

 **JOPD ISSN NO: 2582-0362**

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

**{Constitutionally Entitled As Health-Education, Bureau)}**

**GST Reg. No: 08AJAPA7570J1Z8**

SUBSCRIPTION FORM – JOPD