JOPD ISSN NO: 2582-0362 GST Reg. No: 08AJAPA7570J1Z8

Bureau For Health And Education Status Upliftment (India)

{Constitutionally Entitled As Health-Education, Bureau)}

SUBSCRIPTION FORM – JOPD

I/WE WANT TO SUBSCRIBE Journal of Prosthodontics Dentistry (JOPD), PLEASE ACCEPT MY/OUR SUBSCRIPTION APPLICATION WITH FOLLOWING PARTICULARS

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 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