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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of Organization/Institution/Individual  …………………………………………………………………  …………………………………………………………………  Mob. No. …………………………………………………..  Email ……………………………………………………....  Subscription Year ………………….………………….. | **SUBSCRIPTION TARIFF** | | | | | **Duration of subscription** | **Price** | **Price**  **Including**  **GST 18%** | **Tick in Application Box** | | **Price of Activation + 1 Year Service (Online)** | **7990 ₹** | **9428 ₹** |  | | **Service Renewal**  **(Online)**  **(Per Year)** | **4500 ₹** | **5,310 ₹** |  |   I/WE WANT TO SUBSCRIBE Lib-Manage 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:\_\_\_\_\_­\_\_\_\_\_ | |
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