

**Bureau For Health And Education Status Upliftment**

{Constitutionally Entitled As Health-Education, Bureau}

SUBSCRIPTION FORM

I/WE WANT TO SUBSCRIBE BELOW MENTIONED PRODUCT, PLEASE ACCEPT MY/OUR SUBSCRIPTION APPLICATION WITH FOLLOWING PARTICULARS

SUBSCRIPTION TARIFF

Particulars	Duration of Subscription	Price	Price Including GST 18%	Tick in Application Box	Particulars	Duration of Subscription	Price	Price Including GST 18%	Tick in Application Box	
Journal of Hospital Pharmacy	1 Year	2,970 ₹ (Print)	GST-NA	<input type="checkbox"/>	Software - EWL (Software for English language lab)	1 Year	7790 ₹	9192 ₹	<input type="checkbox"/>	
		1,900 ₹ (Online)	GST-NA	<input type="checkbox"/>			3 Years	19800 ₹	23364 ₹	<input type="checkbox"/>
	7,900 ₹ (Print)	GST-NA	<input type="checkbox"/>	3 Years		19800 ₹				
	4,690 ₹ (Online)	GST-NA	<input type="checkbox"/>							
Plag-Check Software	Regular Unlimited Duration (For total 50,000 pages)	9,790 ₹	11552 ₹	<input type="checkbox"/>	Experimental Pharmacology Series (Ex-Pharm Series) Software	1 Year	4,970 ₹ (Basic Pack-for 10 experiment) (450 Rupee for each add. Exp.)	5864 ₹ (For Basic Pack)	<input type="checkbox"/>	
	Advance Unlimited Duration (For total 1,00,000 pages)	18,000 ₹	21240 ₹	<input type="checkbox"/>			9,920 ₹ (For all active modules)	11705 ₹	<input type="checkbox"/>	
	Ultra Unlimited Duration (For total 2,50,000 pages)	45,900 ₹	54162 ₹	<input type="checkbox"/>		3 Years	12,390 ₹ (Basic Pack-for 10 experiment) (1150 Rupee for each add. Exp.)	14620 ₹ (For Basic Pack)	<input type="checkbox"/>	
25,040 ₹ (For all active modules)							29547 ₹	<input type="checkbox"/>		
Experimental Physiology Series (Ex-Physio Series) Software	1 Year	4970 ₹	5864 ₹	<input type="checkbox"/>		Digi-Frog Software	1 Year	1,400 ₹ (For any one animal)	1652 ₹	<input type="checkbox"/>
	3 Years	12390 ₹	14620 ₹	<input type="checkbox"/>			1 Year	4,250 ₹ (For Ten animals) 400 Rupees for each additional animal	5015 ₹ (For 10 animals)	<input type="checkbox"/>

*Prices includes delivery and maintenance cost also.

*Customized Packages (For desired duration/modules) are also available for all Journals/Softwares.

I/We Hereby Enclose the Demand Draft/Cheque/NEFT/RTGS/Online Transaction No. of Rupees.....Dated.....Bank & Branch Name..... in favor of "Health Education Bureau" Payable at Jaipur.

Details of Organization/Institution/Individual	ACCOUNT DETAILS
Name of Organization/Institution/Individual	Name of A/C: Health Education Bureau
Mob. No. Email.....	Name of the Bank: UCO Bank
Subscription Year	Account Number:20960210003121
Address	IFSC code: UCBA0002096
.....	MICR Code:302028023
Dist..... State..... Pin Code.....	Bank Branch Name & Code: Mansarovar, Jaipur
	Branch Code:002096
	District & State: Jaipur, Rajasthan

Place: Date: 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, 09636348191

E-Mail: support@heb-nic.in, serviceheb@gmail.com

Website: www.heb-nic.in