



Bureau For Health And Education Status Upliftment (India)
 {Constitutionally Entitled As Health-Education, Bureau)}

SUBSCRIPTION FORM - OSOPOM

I/WE WANT TO SUBSCRIBE Oral Surgery, Oral Pathology and Oral Medicine (OSOPOM), PLEASE ACCEPT MY/OUR SUBSCRIPTION APPLICATION WITH FOLLOWING PARTICULARS

Name of Organization/Institution/Individual	SUBSCRIPTION TARIFF		
	Duration of subscription	Price (Inclusive of Delivery Charges)	Tick in Application Box
Mob. No.	1 Year (Print)	2410 ₹	<input type="checkbox"/>
Email	1 Year (Online)	1440 ₹	<input type="checkbox"/>
Subscription Year			

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 <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Pin Code: _____
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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, 09636348191

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

Website: www.heb-nic.in