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| Name of Organization/Institution/Individual…………………………………………………………..…………………………………………………………..………………………………………………………….…………………………………………………………Address……………………………………………………………………………………………………………………………………………………………………..Mob. No……….………………………………………Email.………………………………………………....Subscription Year…………….………………….. | **SUBSCRIPTION TARIFF** |
| **Description**  | **Duration**  | **Price** | **Price****Including GST 18%** | **Tick in Application Box** |
| **Plag-Check Software (Regular)** **Checking Limit -****In Queries\*** **50,000** | **1 Year** | **6,751 ₹** | **7,966 ₹** |  |
| **Plag-Check Software (Advance)** **Checking Limit -****In Queries\*****2,00,000** | **1 Year** | **14,254 ₹** | **16,819 ₹** |  |
| **Plag-Check Software (Ultra-Advance)** **Checking Limit -****In Queries\*****5,00,000** | **1 Year** | **29,260 ₹** |  **34,526 ₹** |  |
| **\*1 query means group of words, ending with full stop.** |
| **\*Prices includes delivery and maintenance cost also**. |

I/WE WANT TO SUBSCRIBE “PLAG-CHECK SOTWARE” PLEASE ACCEPT MY/OUR SUBSCRIPTION APPLICATION WITH FOLLOWING PARTICULARSDate 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.

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| **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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| 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** |

 **Bureau For Health And Education Status Upliftment**

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

**GST Reg. No: 08AJAPA7570J1Z8**

SUBSCRIPTION FORM- PLAG-CHECK SOFTWARE