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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 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:\_\_\_\_\_­\_\_\_\_\_ | |
| 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