# JOPD ISSN NO: 2582-0362 GST Reg. No: 08AJAPA7570J1Z8

Bureau For Health And Education Status Upliftment (India)

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

SUBSCRIPTION FORM – JOPD

I/WE WANT TO SUBSCRIBE Journal of Prosthodontics Dentistry (JOPD), 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 ₹** |  |
| Email …………………………………………………….... |  |  |
| Subscription Year ………………….………………….. | **1 Year (Online)** | **1440 ₹** |  |

## 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.

**Address of Subscribing**

**Organization/Institute/Individual**

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

## Date:

 Pin Code:

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, 9636348191**

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

Website: [www.heb-nic.in](http://www.heb-nic.in/)