

**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

Name of Organization/Institution/Individual ..... Mob. No. .... Email ..... Any Additional Information .....	SUBSCRIPTION TARIFF				
	Particulars	Duration of Subscription	Price	Price Including GST 18%	Tick in Application Box
<b>Account Details</b>  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	Journal of Research in Indian Medicine	1 Year (Print)	2410 ₹	GST-NA	<input type="checkbox"/>
	Journal of Research in Indian Medicine	1 Year (Online)	1440 ₹	GST-NA	<input type="checkbox"/>
	Ayu-Hosp- Manage-Soft	Activation +1 Year Subscription	21016.95 ₹	24800 ₹	<input type="checkbox"/>
	Ayu-Hosp- Manage-Soft	1 Year (Renewal)	7457.63 ₹	8800 ₹	<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 Transaction No. ....

of Rupees..... Dated ..... Bank &amp; Branch Name ..... in favor of "Health Education Bureau". Payable a Jaipur.

**Address of Subscribing Organization/Institute/Individual**


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City: District: State: Pin Code:

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, 9636348191

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

Website: www.heb-nic.in