



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

**SUBSCRIPTION FORM - CASS STUDIES**

I/WE WANT TO SUBSCRIBE “COMPREHENSIVE ADVANCED SPECIFIC SUMMARISED STUDIES (FOR HOMEOPATHY SCIENCE)” (CASS STUDIES), PLEASE ACCEPT MY/OUR SUBSCRIPTION APPLICATION WITH FOLLOWING PARTICULARS

Name of Organization/Institution/Individual ..... ..... Mob. No. .... Email ..... Subscription Year .....	<b>SUBSCRIPTION TARIFF</b>		
	Duration of subscription	Price (Inclusive of Delivery Charges)	Tick in Application Box
	1 Year [Print + Online (Free)]	2460 ₹	<input type="checkbox"/>
	1 Year (Online)	1440 ₹	<input type="checkbox"/>

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	<b>Address of Subscribing Organization/Institute/Individual</b> ..... ..... ..... ..... ..... 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, 09636348191, 07976447983  
 E-Mail: support@heb-nic.in, serviceheb@gmail.com  
 Website: www.heb-nic.in