



Subscription Form of International Journal of Evidence Based Nursing

Phone: 011 45657426 | 92 666 444 93 | Time: Monday To Friday 10:00 AM to 7:00 PM E-mail: magazine@mcplteam.com | Website: www.magazinesubscriptions.in Frequency: Half Yearly

		Subscrip	tion Packages		
v /\		Print Version By Courier / Regd. Post ₹ 3500.00		Digital Version	Print+Digital
Year(s)	No. of Issues				
One Year	2			₹ 8632.00	₹8632.00
Please tick out the subscri	iption Period	One Year			
Subscriber's Name:					
Company Name (if any):					
Designation (if any):					
Postal Address:					
City: Pin Code: State:	Country:				
Address Point:	Office	Residence			
Telephone No. (O):		Telephone No. (R):Fax No.:			
Mobile No.:					
E-mail ID:			Website (if):		
	Enclosed please find cheque	e / DD drawn in favour of "Ma	gazine Communicatio	ns Private Limited" Payable at N	ew Delhi.
Cheque / DD No.:			Dated:		
rawn on (Name of Bank): Amount (in figures):			:		
Drawn on (Name of Bank)): 				
Sender's Signature:			Date:		
Bank Account Details I	For NEFT :				M/S.MAGAZINE COMMUNICATIONS PRIVATE LIMITED
Name Of Account : Magazine Communications Private Limited Name Of Bank : State Bank of India Bank					Scan and Pay
Account Number: 01646	645105648942 Type of Accou	unt : Current Branch Code : 5	4815 RTGS / NEFT II	FS	
Code: SBIN0007085					30.25
Address of Bank Branch	: Swasthay Vihar, 9, Rajdhani	Enclave, Delhi - 110092			6-227-42-44
Please send the filled subscription form with payment to :					
Subscription Cell					
Magazine Communications Private Limited					LIDLID MCMACATHETOLINA CIC.
16, Second Floor, Bhagwati Business Centre					UPI ID - MSMAGAZINECOMM@icici ©
S-565, School Block, Shakarpur					
Delhi - 110092					@iMobile Pay e₹ G Pay © CRED