

Subscription Form of International Journal of Obstetrics, Perinatal and Neonatal Nursing

Frequency : Half Yearly

Subscription Packages				
Year(s)	No. of Issues	Print Version	Digital Version	Print+Digital
		By Courier / Regd. Post		
One Year	2	₹ 3500.00	₹ 6500.00	₹ 7315.00

Please tick out the subscription 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): _____
 Mobile No.: _____ Fax No.: _____
 E-mail ID: _____ Website (if): _____

Enclosed please find cheque / DD drawn in favour of "Magazine Communications Private Limited" Payable at New Delhi.

Cheque / DD No.: _____ Dated: _____
 Drawn on (Name of Bank): _____ Amount (in figures): _____
 Drawn on (Name of Bank): _____
 Sender's Signature: _____ Date: _____

Bank Account Details For NEFT :

Name Of Account : Magazine Communications Private Limited | **Name Of Bank :** State Bank of India | **Bank Account Number :** 30887529699 | **Type of Account :** Current | **Branch Code :** 07085 | **RTGS / NEFT IFS Code :** SBIN0007085 |
Address of Bank Branch : Swasthay Vihar, 9, Rajdhani Enclave, Delhi - 110092

Please send the filled subscription form with payment to :

Subscription Cell

Magazine Communications Private Limited

216, Second Floor, Bhagwati Business Centre
 S-565, School Block, Shakarpur
 Delhi - 110092

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

M/S.MAGAZINE COMMUNICATIONS
PRIVATE LIMITED
Scan and Pay



UPI ID - MSMAGAZINECOMM_@sbi



Mobile Pay | e | Pay | CRED