Magazine Subscriptions
Find & buy your desired magazines



Subscription Form of Journal of Child Health Care

Frequency : Quartely

Subscription Packages		
Year(s)	**No. of Issues**	**Print Version**
		By Courier / Regd. Post
One Year	2	₹ 48466.00

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

M/S.MAGAZINE COMMUNICATIONS PRIVATE LIMITED
Scan and Pay

UPI ID - MSMAGAZINECOMM...@icici

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