



Subscription Form of Journal of Child Neurology Magazine Subscriptions

Frequency : Monthly

Subscription Packages		
Year(s)	No. of Issues	Print+Digital
One Year	14	₹ 164949.00

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@mcpsteam.com | Website : www.magazinesubscriptions.in

M/S.MAGAZINE COMMUNICATIONS PRIVATE LIMITED
 Scan and Pay



UPI ID - MSMAGAZINECOMM_@sbi



iMobile Pay | e₹ | Pay | CRED