

Subscription Form of The Neurohospitalist Magazine Subscriptions

Frequency : Quarterly

Subscription Packages		
Year(s)	No. of Issues	Print+Digital
One Year	4	₹ 38429.00

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...@icici

BHIM | **UPI**

Mobile Pay | e* | G Pay | CRED