



Subscription Form of Express Pharma Magazine Subscriptions

 $\textbf{E-mail}: magazine@mcplteam.com \mid \textbf{Website}: www.magazinesubscriptions.in$

Frequency : Monthly

		Subscrip	tion Packages		
Veny(e)		No. of Issues		Print Version By Normal Post ₹ 600.00	
Year(s)					
One Year					
Two Years		12			₹ 1200.00
Please tick out the subscription Period Subscriber's Name: Company Name (if any): Designation (if any): Postal Address:		One Year		Two Years	
City: Pin Code: State: Country:					
Address Point:	Office	Residence			
Telephone No. (O): Mobile No.: E-mail ID:			Telephone No. (R): Fax No.: Website (if):		
Enclosed	please find cheque /	/ DD drawn in favour of "Mag	gazine 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 Comm		nited Name Of Bank : State	Bank of India I Bank		M/S.MAGAZINE COMMUNICATIONS PRIVATE LIMITED Scan and Pay
					ER COLL PROPERTY ER
Code: SBIN0007085 Address of Bank Branch: Swasthay					
Code: SBIN0007085 Address of Bank Branch: Swasthay Please send the filled subscription					
Code: SBIN0007085 Address of Bank Branch: Swasthay Please send the filled subscription Subscription Cell	on form with payme				
Code: SBIN0007085 Address of Bank Branch: Swasthay Please send the filled subscriptio Subscription Cell Magazine Communications Private	on form with payme				UPI ID - MSMAGAZINECOMM@ileid Ø
Account Number: 016464510564894 Code: SBIN0007085 Address of Bank Branch: Swasthay Please send the filled subscription Subscription Cell Magazine Communications Private I 216, Second Floor, Bhagwati Business S-565, School Block, Shakarpur Delhi - 110092	on form with payme				UPI ID - MSMAGAZINECOMM