

SUBSCRIPTION INFORMATION (Fill in Capital Letters)

Subscription Type: Institution Individual (Please ✓)

Annual: Life Membership:

Name: Mr/Ms/Prof/Dr.....

Designation:.....Organization:.....

Contact Details:

Phone: Office:.....
(With STD Code)

Mobile:
(With Country Code)

E.Mail:.....

Address for Communication:

.....
.....
.....

City:.....State:.....Pin:

.....

Country:.....

Payment Details:

Amount(INR):.....Demand Draft No: Dated:

..... Bank:.....

Online payment Details:

Amount (INR):..... receipt number: Date:

..... Bank:.....

Date:

Signature of the subscriber: