

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:..... **Mobile:**

(With STD Code) (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: