



SUBSCRIPTION FORM

I/WE WANT TO SUBSCRIBE BELOW MENTIONED PRODUCT, PLEASE ACCEPT MY/OUR SUBSCRIPTION APPLICATION WITH FOLLOWING PARTICULARS

Name of Organization.....
Mob.No..... Email.....
Any Additional Information.....

SUBSCRIPTION TARIFF

Table with 5 columns: Particulars, Duration of Subscription, Price, Price Including GST 18%, Tick in Application Box. Row 1: Pharma Review India, 1 Year [Print], 2900 ₹, GST-NA, []

*Prices includes delivery Charges also.
*Customized Packages (For desired duration/modules) are also available for all Journals/Software's.

Table with 2 columns: Account Details, Payment Instructions. Account Details includes Name of A/C Holder, Bank Name, Account Number, IFSC code, MICR Code, Bank Branch Name, Branch Code, District & State. Payment Instructions include: I/We Hereby Enclose the Demand Draft/Cheque/NEFT/RTGS Transaction No., Of Rupees, Bank & Branch Name, in favor of 'Pharma Review India'. Payable Jaipur.

Address of Subscribing Organization

.....
City: District: State: Pin Code:

Date: Signature:

PLEASE SEND US THE FILLED FORM WITH REQUISITEFEES AT FOLLOWING ADDRESS

Address: PHARMA REVIEW INDIA

C 1-I, Aatish Market, Mansarovar, Jaipur, Rajasthan, Pincode:302020

Contact: 09636359369

E-Mail: support@pharma-review.com, Website: pharma-review.com