



Subscription Form of Indian Journal of Clinical Medicine

Frequency : Half Yearly

Subscription Packages for Indian Subscribers(normal)

Year(s)	No. of Issues	Print Version
One	2	5790.00

Note: Please allow 4-6 weeks for enabling your subscription.

Please tick out the Period One Year

Subscribers 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 P. Ltd." Payable at New Delhi.

Cheque / DD No.: _____ Dated: _____

Drawn on (Name of Bank): _____ Amount (in figures): _____

Amount (in words): _____

Senders Signature: _____ Date: _____

Please send the filled subscription form with payment to :

Subscription Cell
MAGAZINE Communications Pvt. Ltd.
216, Second Floor, Bhagwati Business Centre
S-565, School Block, Shakarpur
Delhi - 110092 India

Phone: (+91) 92 666 444 93 | 011 45657426

Time: 10:00 AM to 7:00 PM (Monday to Friday)

Email: magazine@mcpsteam.com

Website : www.magazinesubscriptions.in