



## Subscription Form of Express Healthcare

Frequency : Monthly

### Subscription Packages for Indian Subscribers(normal)

Year(s)	No. of Issues	Print Version
One	12	600.00
Two	24	1100.00
Three	36	1500.00

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

Please tick out the Period                      One Year                      Two Years                      Three Years

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@mcplteam.com](mailto:magazine@mcplteam.com)

**Website :** [www.magazinesubscriptions.in](http://www.magazinesubscriptions.in)