

Journal of Preventive Medicine and Holistic Health

SUBSCRIPTION FORM 2024

| Name of Journal | Issue | Annual Subscriptions (Free Online access) | | | |
|--|-------|---|------------|----------------|------------|
| | | India (INR) | | Foreign(USD\$) | |
| | | Institutional | Individual | Institutional | Individual |
| Journal of Preventive Medicine and Holistic Health | 2 | 5500 | 3500 | 320 | 300 |
| | | | | | |
| | | | | | |
| | | | | | |

SUBSCRIPTION INFORMATION

SUBSCRIBER TYPE: (Check one) Library / Institution / Individual Date:.....

Name/Institution:.....

Full Address:.....

City:..... Pin /Zip code:..... State:.....

Country:....., Phone:....., Mob:.....

E-mail:....., Signature:.....

PAYMENT OPTIONS (Check one)

Cheque /DD is enclosed (Payable to "IP Innovative Publication Pvt. Ltd., New Delhi")

Amount:..... Cheque / DD No. :..... Dated:.....

Drawn on Bank:.....

Payment will made in favour of "IP Innovative Publication Pvt. Ltd." Payable at New Delhi, Axis Bank Ltd. Branch: Palam, India, Current Account No. 917020045271486, IFSC Code: UTIB0000132, Swift Code: AXISINBB132, GSTIN.: 07AAECI4006K1ZP.

(Signature of the subscriber)

Date: (DD/MM/YYYY)

Please send complete Order Form with payment to:

IP Innovative Publication Pvt. Ltd.

A-2, Gulab Bagh, Nawada, Uttam Nagar, New Delhi - 110059, India.

Ph.: +91-11-61364114, 61364115, Mob:+91-8826373757, 8802897746

Email : subscription@ipinnovative.com, rakesh.its@gmail.com,

website : www.ipinnovative.com