

Southeast Asian Journal of Health Professional

SUBSCRIPTION FORM 2024

Name of Journal	Issue	Annual Subscriptions (Free Online access)			
		India (INR)		Foreign(USD\$)	
		Institutional	Individual	Institutional	Individual
Southeast Asian Journal of Health Professional	4	5000	3000	300	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