

# Southeast Asian Journal of Health Professional

## SUBSCRIPTION FORM 2025

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](mailto:subscription@ipinnovative.com), [rakesh.its@gmail.com](mailto:rakesh.its@gmail.com),

**website :** [www.ipinnovative.com](http://www.ipinnovative.com)