



Journal of Clinical Rheumatology in Ayurveda

SEMI-ANNUAL JOURNAL ON CLINICAL RHEUMATOLOGY IN AYURVEDA

To,

The Editor,
Journal of Clinical Rheumatology in Ayurveda,
C/o Medknow Publications and Media Pvt. Ltd.,
Mumbai

Subscription Form- Journal of Clinical Rheumatology in Ayurveda

Kindly enter my subscription to "**Journal of Clinical Rheumatology in Ayurveda**". The details are as follows:

Name of the subscribing Institution/Subscriber: *

Current institutional attachment: _____

Department/Designation (if applicable): _____

Delivery address*:

City: * _____

Pin / Zip code: * _____

State: _____

Country: * _____

Phone No. (with STD/ISD code): _____

Email address: _____

* Mandatory fields



Journal of Clinical Rheumatology in Ayurveda

SEMI-ANNUAL JOURNAL ON CLINICAL RHEUMATOLOGY IN AYURVEDA

Print Subscription details:

India (INR)		Overseas (US \$)	
Institutional	Individual	Institutional	Individual
Rs.1000/-	Rs. 300	200 \$	30 \$

Subscription period: One Year

Subscription type (Please tick the correct option): Individual / Institutional

Note: For individual subscriptions, please provide a photocopy of the degree certificate or a proof of the academic/hospital affiliation and cheque should be drawn from the individual's bank account and no DD is permitted.

Subscription is for: January- December: _____(year)

Payment details

Cheque No: _____

Dated _____(DD/MM/YYYY)

Drawn on _____

Amount _____

I also understand that the journal is:

- Published Semi-annual
- Subscriptions are for calendar year only.
- This form has to be send to:

Medknow Publications And Media Pvt. Ltd.

B-9, Kanara Business Centre, Off Link Road, Ghatkopar (E), Mumbai - 400075, INDIA

- Cheque should be in favour "**Medknow Publications And Media Pvt. Ltd.**"
- Claims for missing issues can be made only within one month of publication

(Signature of the subscriber)

(With Date)