



Subscription Form

To,
The Editor in chief
Indian Journal of Dental Research & Review

Kindly enter my subscription to "Indian Journal of Dental Research & Review". The Details are as follows:

Name of the subscriber: * _____

Current Institutional attachment: _____

Designation: _____

Delivery address:* _____

City:* _____ Pin/Zip code* _____

Country* _____

Phone No. (With STD/ISD code/Mobile): * _____

Email address: _____

* Mandatory fields

Subscription details

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.

Payment details

Cheque / DD No. _____ Dated _____ (DD/MM/YYYY)

Drawn on _____

Amount _____

(Signature of the Subscriber)

Date: _____ (DD/MM/YYYY)

Subscriptions Rate

Institutional: INR 1,000/- (Two issues/year)

Personal: INR 800/- (Two issues/year)