 JK Science: Journal of Medical Education & Research: Subscription Information Form

To,
The Editor in General,
JK Science: Journal of Medical Education & Research

Kindly enter my subscription to "JK Science: Journal of Medical Education & Research". The details are as follows:

Name of the subscriber: * ________________________________________________

Current institutional attachment: ____________________________________________

Designation: _____________________________________________________________

Delivery address: * _______________________________________________________

City: * ___________________________ Pin / Zip code * _________________________

State: ___________________________ Country * _______________________________

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

Email address: ___________________________________________________________

* Mandatory fields

Subscription details

Subscription period: One Year / Single Issue

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.)

Subscription starts from: January _________________(year)

Payment details

Cheque No./ Demand Draft No. ________________ Dated _________________(DD/MM/YYYY)

Drawn on __________________________________________ Amount ____________________________

In favour of JK Science, Payable at Jammu (J&K) India

(Signature of the subscriber)

Date: _________________(DD/MM/YYYY)