



SUBSCRIPTION FORM

I/WE WANT TO SUBSCRIBE BELOW MENTIONED PRODUCT, PLEASE ACCEPT MY/OUR SUBSCRIPTION APPLICATION WITH FOLLOWING PARTICULARS

Particular	Duration of Subscription	Price (Including GST 18%)	Tick in Application Box
RxInventory (Pharmacy Inventory Management Software)	1 Year (Pack-for All Experimental Modules)	₹ 3500/-	<input type="checkbox"/>
	3 Year (Pack-for All Experimental Modules)	₹ 9500/-	<input type="checkbox"/>
	5 Year (Pack-for All Experimental Modules)	₹ 14500/-	<input type="checkbox"/>

I/We hereby enclosed the Demand Draft/ Cheque/ NEFT/ RTGS transaction No.....of Rupees.....Dated.....Bank & Branch Name in favor of “Academy of Health Professionals” Payable at Sirmour.

Details of Organization/Institution/Individual:

Name of Organization/Institution/Individual

Mobile No. Email

Subscription Year

Address

Place:

Date:

Signature

Details of Beneficiary: Academy of Health Professionals

Account number: 921020047762709

IFSC Code: UTIB0002901

Axis Bank, Ground floor, Upsampada,
Paonta Sahib, Sirmour, H.P., India.

ADDRESS:

RxInventory

148, Himuda Colony, Paonta Sahib, Sirmour, Himachal Pradesh-173025, India

Contact: +91-9736922900

E-mail: contact@aohp.in , ahppaonta@gmail.com

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