

FAMDENT/ENDODENT NEW/RENEWAL SUBSCRIPTION FORM

FAMDENT ENDODENT COMBO OFFER (Please use CAPITAL LETTERS)

Name : _____

Date of Birth: _____ Age: _____ Sex: Male / Female Qualification: _____

Full Mailing Address: _____

_____ Pincode: _____ Tel No. _____

Mobile No. _____ E-Mail Address : _____

SUBSCRIPTION TERMS: (Please tick and send appropriate amount)

New Subscription Renewal Subscription

TERM	ONLY FAMDENT	STUDENT UG/PG (FAMDENT)	NUMBER OF FREE DVD'S	ONLY ENDODENT	STUDENT UG/PG (ENDODENT)	NUMBER OF FREE DVD'S	FAMDENT + ENDODENT COMBO OFFER	STUDENT COMBO OFFER	NUMBER OF FREE DVD'S
1 YEAR	₹ 900 <input type="checkbox"/>	₹ 600 <input type="checkbox"/>	1	₹ 500 <input type="checkbox"/>	₹ 350 <input type="checkbox"/>	1	₹ 1200 <input type="checkbox"/>	₹ 800 <input type="checkbox"/>	2
2 YEARS	₹ 1700 <input type="checkbox"/>	₹ 1100 <input type="checkbox"/>	3	₹ 900 <input type="checkbox"/>	₹ 600 <input type="checkbox"/>	2	₹ 2200 <input type="checkbox"/>	₹ 1500 <input type="checkbox"/>	5
5 YEARS	₹ 4000 <input type="checkbox"/>	-----	7	₹ 2000 <input type="checkbox"/>	-----	4	₹ 5000 <input type="checkbox"/>	-----	11

*Student (within India only) (Attested College ID Copy mandatory)

ADDED BONUS (in addition to above offer)

BEST OF FAMDENT - VOLUME 1

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Names and Mumbai Tel. No. of 2 courier companies (Fill this only if your address is not serviced by PROFESSIONAL OR FIRST FLIGHT COURIERS)

1. _____ 2. _____

Please mention below the Sr. nos. of DVDs of your choice as per your Subscription Term:

FAMDENT/ENDODENT NEW/RENEWAL SUBSCRIPTION FORM

PAYMENT DECLARATION (Tick the applicable box)

CHEQUE /DRAFT DETAILS

I am herewith enclosing Cheque(s) / Demand Draft No(s).....dated
drawn on

(Name of Bank) Branch₹.....(Rupees.....)

in favour of **FAMDENT**, payable at Mumbai.

DIRECT DEPOSIT Payment can be made at any branch of Bank of India or SBI

Bank of India (BOI)

A/c Name: **FAMDENT** Branch: **Versova, Mumbai** A/c No. **006120100004537** IFSC Code: **BKID000061**

OR

State Bank of India (SBI)

A/c Name: **FAMDENT** Branch: **10th Road, Juhu, Mumbai** A/c No. **31418965705** IFSC Code: **SBIN0005349**

Cash Cheque No.....Dated.....Amount Rs.....

Drawn onDate of deposit.....Branch where deposited.....

● **FOR SBI/BOI DEPOSITS, PLEASE SEND A COPY OF THE BANK REMITTANCE ALONG WITH THIS FILLED REGISTRATION FORM OR SCAN RECEIPT + FORM AND EMAIL TO famdentresponse@gmail.com**

- Please preserve a photocopy of this form for your records
- For outstation cheque please add Rs. 50/- only
- Famdent and Endodent are both quarterly publications (4 issues per year)
- By signing this form, I hereby agree to the Terms and Condition of Famdent/Endodent.

Date:

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FAMDENT

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