

International Journal of Oral Health Dentistry

SUBSCRIPTION FORM 2025

Name of Journal	Issue	Annual Subscriptions (Free Online access)			
		India (INR)		Foreign(USD\$)	
		Institutional	Individual	Institutional	Individual
International Journal of Oral Health Dentistry	4	5500	3500	320	300

SUBSCRIPTION INFORMATION

SUBSCRIBER TYPE: (Check one) Library / Institution / Individual Date:
Name/Institution:
Full Address:
City: Pin /Zip code: State:
Country:, Phone:, Mob:
E-mail:, Signature:
PAYMENT OPTIONS (Check one)
Cheque /DD is enclosed (Payable to “IP Innovative Publication Pvt. Ltd., New Delhi”)
Amount: Cheque / DD No. : Dated:
Drawn on Bank:

Payment will made in favour of “IP Innovative Publication Pvt. Ltd.” Payable at New Delhi, Axis Bank Ltd. Branch: Palam, India, Current Account No. 917020045271486, IFSC Code: UTIB0000132, Swift Code: AXISINBB132, GSTIN.: 07AAECI4006K1ZP.

(Signature of the subscriber)

Date: (DD/MM/YYYY)

Please send complete Order Form with payment to:

IP Innovative Publication Pvt. Ltd.

A-2, Gulab Bagh, Nawada, Uttam Nagar, New Delhi - 110059, India.

Ph.: +91-11-61364114, 61364115, **Mob:**+91-8826373757, 8802897746

Email : subscription@ipinnovative.com, rakesh.its@gmail.com,

website : www.ipinnovative.com