

To,

The Associate Editor,

Orissa Journal Of Otolaryngology And Head And Neck Surgery.

Sir /Madam

I/We, need to subscribe Orissa Journal Of Otolaryngology And Head And Neck Surgery for a period of ----  
-----Year(s).

Please find the details of subscription order as below and do the needful.

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 :

\_\_\_\_\_

\* Subscription period: One Year

Subscription type (Please tick the correct option):

Individual / Institutional----

Note

The Cheque should be drawn from the individual's bank account and DD is permitted.

Payment details Cheque No \_\_\_\_\_

Dated \_\_\_\_\_ (DD/MM/YYYY) Drawn on

\_\_\_\_\_ Amount \_\_\_\_\_

**OR**

**Deposited the amount through a/c transfer to :**

Orissa Journal Of Otolaryngology & Head And Neck Surgery

A/C No -30115405052

IFSC :SBIN0005760

SBI,SCB Medical college Campus Branch,CUTTACK

And Informed to ojolhns via Email- [editorodishaentjournal@gmail.com](mailto:editorodishaentjournal@gmail.com) on dtd.....