

Advertisement Application Form

From

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To

The Editor-in-Chief,
Homoeopathic Medical Panorama,
Muzhangodil,
Anappara, Kunnamangalam.
Kerala- INDIA.
Phone: +91-9447218075/4952800062
Fax: +91-495-2305192
E-mail: info@homedpa.com

Sir,

Please include the matter attached with this as an advertisement in your journal as per the details given below (please tick), and please issue us a receipt for the payment.

Back cover	<input type="checkbox"/> one issue	<input type="checkbox"/> four issues.
Front inner	<input type="checkbox"/> one issue	<input type="checkbox"/> four issues.
Back inner	<input type="checkbox"/> one issue	<input type="checkbox"/> four issues.
Full page	<input type="checkbox"/> one issue	<input type="checkbox"/> four issues.
Half page	<input type="checkbox"/> one issue	<input type="checkbox"/> four issues.

I/We pay the amount Rs..... (in words.....)
.....)
as **Demand Draft** no:.....dated.....
of.....bank,
favouring '**Homoeopathic Medical Panorama**' and payable at **Kozhikode**.

(OR) The amount has been paid to the **ICICI Bank account # 626501055386** on..... date.

Thanking you, truly,

(Signature)

(office seal)

Place:

Date: