

**SUBSCRIPTION FORM**

**Name (in block letters):**

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**Institution/Organization:**

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**Designation:.....**

**Address for Correspondence (in block letters):**

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**E-mail:**

**Tel:**

**Subscription Details:**

**For individual:** Rs. 400/- (for one year)

**For Institution/Organization/Others:** Rs. 1000/- (for one year)

**N.B. Please send the payment only by DD drawn on any nationalized bank in favor of “Trinity Trust”, Payable at Asansol (West Bengal).**

**Amounts in words:**

**DD No:**

**Drawn on (Bank Name):**

**Date:**

**Signature of the Applicant**

**Note: Photocopy of this form can also be used for subscription**