

Subscription Form

Tel. No :2282-8646

SRINVANTU

The Joint Secretary,
SRINVANTU
Sri Aurobindo Bhavan,
8, Shakespeare Sarani,
Kolkata-700071

Membership No. _____

Please enroll me as a subscriber to SRINVANTU (Bengali / English)

form _____ to _____

I am sending Rs _____ Rupees _____ only)

(including postage) in Cash/by Cheque No. _____ dt _____

My name and address is given below.

Name _____

Address _____

Date _____

Signature

Introduced by Shri / Smt. _____

And his / her Membership No.

(Monthly Bengali)
Subscription Rates

1 Year Rs. **50/-**
2 Years Rs. **95/-**
5 Years Rs. **225/-**

(Bi-annual English)
Subscription Rates

1 Year Rs. **50/-**
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5 Years Rs. **325/-**

Office Hours : 12 Noon to 7 P.M (Except Sunday & Holidays under N.I Act)

Note: (1) Cheques (Local) and Bank Draft drawn in favour of "SRIVANTU" to be sent to SRIVANTU, Sri Aurobindo Bhavan, 8, Shakespeare Sarani, Kolkata-700 071. (Out station Cheques not accepted)

(2) All communications to be sent only to The Joint Secretary quoting your Membership No.