

To
The Secretary
Academy of Pharmacy Management & Guidance
56/1, Biplabi Rash Behari Basu Road, Room C-26, Kolkata- 700 001.

Date: _____

Dear Sir,
I am pleased to subscribe your monthly newspaper. "Byabsa Patra", as detailed below:

- 12 issues for Rs. 30/= (ordinary delivery)
- 24 issues for Rs. 60/= (ordinary delivery) **

Mr./ Mrs.: _____

M/s. _____

Of _____

** Free one Quartz Wall Clock of Rs. 48/- (without battery)

Full Name & Signature of the Collector

Signature of the Subscriber.

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Thankfully acknowledge receipt of your application dated _____ for _____ issues of **BYABSA PATRA**
along with Rs. _____ only from the month of _____ 200 .



Signature of the collector & Date

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