

Academy of Innovative Information Services (AIIS)

32(GF), 2nd Main Road, Sabari Nagar Extension, Mugalivakkam, Chennai - 600 125
e-mail: subscriptions@aiis.in Phone: 91 + 44 - 2252 2448 / 4383 6177 Mobile: 09841601901

SUBSCRIPTION FORM

Subscription Price for All Journals			Our Bank Details for Online Payment	
Period	1 year	3 Years	Account Name	Academy of Innovative Information Services
Journals*	Price (₹)		Account No.	
Single Journal	2500	6500	Bank Name	
All 5 Journals	11000	31000	Branch & Place	
*Half Yearly (2 issues per year) Period: Jan.-June & July-Dec. every year			IFSC Code	
			Please verify the above details before making online payment	

I / We would like to subscribe the following journals (Please tick (✓) one or more of your options)

Tick (✓)	Title of the Journal(s)	No. of Year(s)	Subscription Amount (₹)
<input type="checkbox"/>	Journal of Progress in Civil Engineering (JPCE)		
<input type="checkbox"/>	Journal of Current Developments in Mechanical Engineering (JCDME)		
<input type="checkbox"/>	Journal of Advanced Research in Electrical and Electronics Engineering (JAREEE)		
<input type="checkbox"/>	Journal of Advances in Electronics and Communication Engineering (JAECE)		
<input type="checkbox"/>	Journal of Recent Trends in Computer Science and Engineering (JRTCSE)		
<input type="checkbox"/>	Subscription of all the 5 Journals		
Total			

Payment Details (Please tick (✓) the relevant one and fill the details)

<input type="checkbox"/> Cheque / <input type="checkbox"/> Demand Draft		<input type="checkbox"/> Online Payment	
No.		Bank Name,	
Date		Branch & Address	
Bank Name		IFSC Code	
Branch & Place		Account No.	
		Payment Ref. No. & Date	
Amount (₹)		Amount (₹)	

*Demand Draft should be drawn in favour of "Academy of Innovative Information Services" payable at "Chennai".

*Cash Payment will not be accepted. *For non Chennai Cheques, Add ₹ 30/- extra.

*Please allow us 4-6 weeks time for processing the payment and to begin the subscription.

Subscriber Details (Please fill All (or) Relevant columns)

Name (Dr/Mr/Ms)	
Designation	
Institution	
Address with Pin code	
Tel. No. with STD code	
Fax No.	
Mobile No.	
E-mail ID	

Date:

Signature with Name