

# Subscription Form

Please enroll me as a new subscriber / renew my subscription (No. ....) and send my copy of *Tapovan Prasad* to the following address:

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## REMITTANCE DETAILS

Please tick the appropriate box:

Duration	Amount
<input type="checkbox"/> 1 Year	US \$ 25
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Payments may be made in favour of *CCMT A/C Tapovan Prasad*.

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