

Application Form Of ISSN Request



ID of Application Request : *

24451

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Assigned ISSN : 0973-662X for Online version

Is this title an already Published or a new Title *

Online version

Serial title

Title : * **Journal of All India Institute of Speech and Hearing**

Year (Starting year of requesting publication)

Year : * **2019**

Frequency of the publication

How often is the serial published Frequency* : **Annual**

If Other please specify :

Publication format

Format of this publication : * **Online**

RNI Number :

Publication url

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Related Subject and Title [e.g is supplement to]

Subject : * **Multidisciplinary Subjects**

Language edition

Language/s : * **English**

Publisher's details

Owner Name/ Responsible Person Name **Dr M Pushpavathi**

:*

(Same person address proof to be submitted along with

application)
Name of Issuing/ Publishing body : **All India Institute of Speech and Hearing**
(If you are applying for an ISSN on behalf of the publisher)
E-mail : * **lio@aiishmysore.in**
Mobile : **8618667835**
Address line 1 : * **All India Institute of Speech and Hearing, Manasagangotri**
Town \ City : * **Mysore**
Pin Code : * **570006**
State : * **Karnataka**

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