ALL INDIA INSTITUTE OF SPEECH AND HEARING

PRODUCT DEVELOPMENT CELL

(Phone: 0821-2502150/2502151/2502157/2502158; E-mail: lio@aiishmysore.in, aiishpdc@gmail.com)

**Material Order Form**

1. **Personal Information**
2. Name:
3. Organization:
4. Address for Communication:

E-mail:

Phone:

 **B. Material Information** (*add extra sheet if required*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Product Code/ ISBN**(*If known***)** | **Title/Author** | **Format****(***Print/CD***)** | **No. of copies** | **Amount** |
| 1.  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 **(P.T.O) (P.T.O.)**

**Payment Options** (*Refer the note below*)

* **Direct Payment** (*At the Institute cash counter* )

Receipt No….. ………………….Date ……………………. Amount:……..

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

* **Cheque/ Bank Draft** *(Add postal charge as intimated by the Product Development Cell. Send DD/Cheque along with the filled-in order form by postal mail.)*

Cheque/Bank Draft No.………………Date: ………..Amount:……………Bank & Branch…………………………………………………….

In favour of *Director, All India Institute of Speech & Hearing*, payable at *Mysore*

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

* **NEFT Payment** (*Add postal charge as intimated by the Product Development Cell. Send copy**of the remittance slip along with the filled-in order form as e-mail attachment OR by postal mail.)*

Payer’s/ Remitter’s Name: ……………………………………Account Number………………………Bank Name …………………………. Branch……………………………IFSC Code ……………

Transaction Number……………………………..Amount……………..Date of Payment………………

Payee/Beneficiary’s Name: **All India Institute of Speech & Hearing**

Account Number: **98 32 01 00 00 06 64**

Account Type:Savings

Bank Name & Branch: **Bank of Baroda, AIISH , Mysore**

Bank IFSC Code: **BARBOEXTMYS** (*Fifth character is zero*)

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Billing Information** (*To be filled-in by the Payer*)

1. Name ………………
2. Organization ………………..

Address ………………………

**Note**

* The materials will be dispatched through India Post as Business Parcel for orders by post.
* The Postal Charges will be extra. The charges as per the applicable tariff will be calculated and intimated by the Product Development Cell to the customers by e-mail.
* The materials will be dispatched only after receiving the payment.
* Materials damaged in transit are not the responsibility of the publisher. Please make claim to the carrier.