ALL INDIA INSTITUTE OF SPEECH AND HEARING

PRODUCT DEVELOPMENT CELL

**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**(r*efer catalogue***)** | **Title/Author** | **Format****(***Print/CD***)** | **No. of copies** | **Amount** |
| 1.  |  |  |  |  |  |
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 **(P.T.O) (P.T.O.)**

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

* **Direct Payment** at the Institute cash counter vide receipt no….. dated …… for Rs. …..

**OR**

* **Cheque/Bank Draft**  no……….dated ………..in favour of *Director, All India Institute of Speech & Hearing*, payable at Mysore enclosed for Rs…..

**OR**

* Online Mode. Payee Name: ……………………………………Account Number………………………Bank Name ……… Branch…………..Account No……………Transaction Number……………………………..Amount

**Billing Information**

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

Address ………………………

**Note**

* Postage charges are free for the parents of children with communication disorders (*attach proof along with the form*) and for orders above Rs. 500/- except in case of Toy Kits. For Toy Kits, the postal charge is Rs. 250/- per Kit.
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