

ORDER FORM

Please fill the form in CAPITAL LETTER and mail it with Cheque/DD/Deposit slip copy in favour of **Institute Of Self Reliance** (Company Address and Account details mentioned below)

Name:

Address:

.....

.....

Pin Code: State:

Phone: Mobile:

E-Mail Id:

Enclosed in Cheque/DD: Dated:

Bank Drawn:

(Please write your name and address on the reverse of the Cheque/DD)

ACCOUNT DETAILS

Account Name: Institute Of Self Reliance

Account Number: 551010100016162

Service Branch: AXIS Bank, CRPF Branch, Bhubaneswar, Odisha

IFSC Code: UTIB0000551

MICR Code: 75121005

BOOK CATALOGUE

Please Select Your Book (√)

Multiple Career Options: INR 450.00 No. Of Copy Ordered:

Foot Step of A Leader: INR 650.00 No. Of Copy Ordered:

Why Bureaucracy Fails: INR 695.00 No. Of Copy Ordered:

Fundamental of Computer: INR 120.00 No. Of Copy Ordered:

Institute Of Self Reliance

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