



# Symbiosis Centre for Information Technology

(Constituent member of Symbiosis International University)  
Plot No. P-15, MIDC, Pune Infotech Park, Hinjawadi, Pune - 411 057  
Tel. 020-22934308/09/10; [www.scit.edu](http://www.scit.edu); [enquiry@scit.edu](mailto:enquiry@scit.edu)



## SCIT JOURNAL

ISSN 0974-5076

Date:.....

### Journal Subscription & Renewal Form (for International Subscribers)

\* Subscription and Renewal rates effective from January 2011

I wish to subscribe to SCIT JOURNAL

Print Subscriptions	1 Year ( 1 Issue)	2 Years ( 2 Issues)	3 Years ( 3 Issues)
Individual/ Institution / Alumnus	<input type="checkbox"/> US\$ 50 / <input type="checkbox"/> € 35	<input type="checkbox"/> US\$ 100 / <input type="checkbox"/> € 70	<input type="checkbox"/> US\$ 150 / <input type="checkbox"/> € 105

I wish to renew my print subscription to SCIT JOURNAL

<b>Subscription Number:</b> .....			
Print Subscriptions	1 Year ( 1 Issue)	2 Years ( 2 Issues)	3 Years ( 3 Issues)
Individual/ Institution / Alumnus	<input type="checkbox"/> US\$ 45 / <input type="checkbox"/> € 31	<input type="checkbox"/> US\$ 90 / <input type="checkbox"/> € 62	<input type="checkbox"/> US\$ 135 / <input type="checkbox"/> € 93

#### Payment by Wire-transfer Only

**SWIFT Code:** BKIDINBBPIF  
**IFSC Code Number:** BKID0000503  
**Account Number:** 050310210000028  
**Account Name:** Symbiosis Centre for Information Technology  
**Name of Bank:** Bank of India, Symbiosis Extension counter (Bank Code: 013 & Branch Code: 05030)  
**Address of Bank:** S.B.Road, Pune-411 004, Maharashtra, India.

#### Journal Mailing Address

Name:.....

Institution: .....

Address (Home/Office):.....

.....

City:..... State: ..... Country:.....

PIN: ..... Ph.: ..... Fax: .....

Email: .....

Please accept the Amount .....  
for subscription/renewal of SCIT Journal by wire-transfer.  
(Wire-transfer details: .....) )

Please email the scanned copies of the completely filled **Journal Subscription & Renewal Form** and the **Wire-transfer** details :

**To:** [library@scit.edu](mailto:library@scit.edu)  
**Cc:** [registrar@scit.edu](mailto:registrar@scit.edu), [accounts@scit.edu](mailto:accounts@scit.edu)

Signature:.....

Name:.....

**\*\* Claims for Missing issues should be made within Three Months of the date of dispatch. All claims should clearly mention the Subscription Number, Postal Address, Phone No. and Email.**

For more information, please visit SCIT Journal Website at [http://www.scit.edu/research\\_scit\\_journal.asp](http://www.scit.edu/research_scit_journal.asp) OR send an email to [library@scit.edu](mailto:library@scit.edu)