



Request for Subscription/Change of address
DREAM 2047 (Monthly newsletter-cum-popular science magazine of Vigyan Prasar)

Please complete and send this to:

Vigyan Prasar
 A-50, Institutional Area
 NOIDA – 201309
 Uttar Pradesh
 Fax: 0120-2404437
 Email: info@vigyanprasar.gov.in

- **Log on to www.vigyanprasar.gov.in and register free for ‘Digital Library’ and ‘Discussion Forum’.**
- All our publications are available in Digital library.
- You may ask questions and answer fellow visitors queries related to science & technology by participating in ‘Discussion Forum’.

½Please fill in block letters½

1. Name Mr./Ms./Dr./Er./ _____

2. Highest Qualification _____

3. Please mark the option that best describes your occupation:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Journalist | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Researcher | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Science Communicator |
| <input type="checkbox"/> Student | <input type="checkbox"/> Any Other (please specify) |

4. Address for receiving the magazine:

State _____

Pin _____

Phone No. _____

E-mail _____

5. No. of persons who may read your copy of *DREAM 2047* _____

6. At present *DREAM 2047* is bilingual (Hindi and English). In case we decide to publish separate Hindi and English versions, which one would you prefer to subscribe?

- Hindi English Bilingual

7. For existing subscribers: Rating of regular columns on a scale of 1 (poor) to 10 (excellent)

- | | |
|---|---|
| <input type="checkbox"/> Popular articles on science and technology | <input type="checkbox"/> Health |
| <input type="checkbox"/> Your opinion | <input type="checkbox"/> Editorial |
| <input type="checkbox"/> Biographies of scientists | <input type="checkbox"/> Interview of personalities |
| <input type="checkbox"/> Recent development in Science & Technology | <input type="checkbox"/> Any Other (please specify) |

8. I would like to receive electronic version also/only (Strike out one option)

9. Subscription No. _____
 (Only for change of address request)

10. Approximate No. of years since you have been receiving *DREAM 2047* _____.

11. Any suggestions to improve *DREAM 2047*:

Date:

Place:

Signature.....

Designation.....
 (if request is on behalf of an institution)