



एल.बी.एफ. पब्लिकेशन्स प्राइवेट लिमिटेड

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Academic Session : 2023-24

Period w.e.f. : Date of Payment to 31st March 2024

Subscription Form cum Performa Invoice

Date: ___/___/___

OLS APP (Student)



For online subscription

Tick Any One-

All-in-One

English Medium (Excellence)

Reference School

Name _____

Postal Address _____

Contact Person _____

Mobile No _____ WA No _____

Email Id _____

Billing Party

Name _____

Postal Address _____

Contact Person _____

Mobile No _____ WA No _____

Email Id _____

We are submitting the details of required users for subscription.

| Sr. No. | User Name | Class | Section | Registered Mobile Number for OTP | | Amount |
|---------|-----------|-------|---------|----------------------------------|----------|--------|
| | | | | Mobile 1 | Mobile 2 | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| | | | | SGST 9% | | |
| | | | | CGST 9% | | |
| | | | | IGST 18% | | |
| | | | | Total Amount (Including GST@18%) | | |

Amount of Rs. _____ Paid on (date) _____ by (mode of payment) _____

Date : _____

School Seal & Signature

Billing Party Seal & Signature

FOR OFFICE USE ONLY

Session : _____

School ID Code : _____

scan here to pay



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