



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 (Teacher)



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	Registered Mobile Number for OTP		Select (Any One Group)* (A/B/C/A+B/B+C/C+A/A+B+C)	Amount
		Mobile 1	Mobile 2		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

* Group A (Nur to KG2), Group B (1st & 2nd), Group C (3rd to 5th), One teacher can take any 1 or 2 or 3 Groups Examples of Groups : - A/B/C/A+B/B+C/C+A/A+B+C .

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 : _____

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