

APPLICATION FOR PERMIT/APPROVAL FOR THE STORAGE CENTRE OF WHOLE
HUMAN BLOOD I.P/AND OR ITS COMPONENTS

1	Name and Postal Address of the institution	
2	Status	Govt./Private FRU/PHC/CHC/THQH/Gen.Hospital/Govt.Hospital/Private Hospital
3	Name and designation of the Medical Officer in charge of the Blood Storage Centre	
4	Qualification and Experience of the Medical Officer in charge of the Blood Storage Centre	
5	Name of the Blood Storage Centre Technician	
6	Qualification and Experience of the Blood Storage Centre Technician	
7	Source of procurement of Whole Human Blood Units/and or its Components*	
8	Expected requirement of Whole Human Blood Units/* and or its Components	
9	Area of the premises proposed for the Blood Storage Centre	

DECLARATION

I**
.....hereby declare that the particulars furnished above are true and correct to the best of my knowledge.

Sd/-

Place:

Name & Designation

Date:

* Delete if not applicable

Office Seal

**Name and Designation