

**QUESTIONNAIRE**

1. Name of the applicant :
2. Age :
3. Residential Address :  
(Permanent & Present : Pin. Phone:
4. Name and address of the Blood Bank :
5. Blood Bank License No :
6. Valid upto :
7. Details of the Technical Staff working in the Blood Bank :

Staff	Educational Qualifications	Experience	Date of joining
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- a. Medical Officer
- b. Registered Nurse
- c. Technicians

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8. Total No. of units of Blood Collected during:  
Years.

9. Total floor area of the Blood Bank :
10. Details of alterations/modifications to  
the structure made after licensing :

I, hereby agree to abide the conditions of the Drugs and Cosmetics Act, 1940 and the drugs and Cosmetics Rules, 1945. I, hereby declare that our Blood Bank shall not collect blood from professional donors.

Date :  
Place:

Applicant