QUESTIONNAIRE

Name of the applicant: Designation			
IDNo.			
Phone/Mobile			
E-mail			
Nameoftheconcern: Door No Address Post and Pin code			
Phone(O)	Mobile		
Constitution details of the firm (Plz put tick mark)	1. Proprietorship		2. Partnership
	3.Pvt./PublicLtd		4.Co.operative Society
	5. Govt.Organization		6. Trust/Others
			7. Society
Purpose of application	a) Fresh approval b) Change of ownership/constitution. c) Shifting of premises. d) Endorsement of newproducts/technical persons e) Renewal		
Categories of drugs proposedtobe stocked under this approval (Plz.put tick mark)	Whole Human bloodIP		Concentrated Human RBCIP
	Fresh Frozen Plasma BP		Platelets ConcentrateIP
	Granulocyte Concentrate		
Licenses/authorizations already possessed by the Applicant (Attachcopy)			
Name of the Medical Officer, Qualification and MobileNo.			

Name of the proposed Mother Blood Banks(attach consent copy)	Name and Address	Distance in KM	Transit time in mins.
Whether critical instruments and equipments are calibrated	Yes/No		
Occupancy of Building	Own Rented/Lease		
Special arrangements made for transport drugs mentioned in this application	StorageTemperature	Equipmentprovided	Remarks
		Insulinatedplasticbox withicepack	
Totalareain m^2			
WhetherSOP is attached	Yes/No		

Declaration

I ……..herebydeclarethatthe information furnished above is true to the best of my knowledge and belief.

Signature

Place, Name:

Date: Designation: