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Email:-

To

The Civil Surgeon,  
Sirsa

Despatch No.

Dated -

**Subject:- Application for Permission to organise Blood Donation Camp at**  
**\_\_\_\_\_ on dated \_\_\_\_\_**

**Respected Sir,**

**I am the owner/manager of blood bank\_\_\_\_\_ I am submitting my application with details for your permission to collect blood from your district. Kindly allow us to organise blood donation camp and collect blood for our blood bank. My blood bank is located in \_\_\_\_\_registered with state of \_\_\_\_\_and having valid license.**

1	Name & Address of Blood Centre	
2	Place, Date and Time of the camp	
3	Contact Details-Name Address, Phone number, Email ID etc	
4	Distance between the place of camp and blood centre	
5	Blood centre stock capacity	
6	Current blood stock position	A+ve =                      A-ve= B+ve =                      B-ve= O+ve =                      O-ve = AB+ve =                      AB-ve=
7	Expected blood collection in the camp	
8	Copy of current license	
9	Driver with vehicle no.	
10	Copy of permission/NOC from concerned state blood transfusion council for holding out door blood donation camp if it is charitable blood centre	

11	List of staff attending the camp provide name/qualification/registration no	1- Doctor 2- Lab Technician 3-Staff Nurse 4-GDA 5- Others
12	List of equipment 1- For Blood Collection 2- For Haemoglobin Determination 3- For Temperature and pulse determination 4- For Blood Containers & Transport 5- Emergency Equipments/items 6- Accessories 7. Others	

### Undertaking

I \_\_\_\_\_ assure that the information provided is correct. That the camp details will be uploaded on the E-raktkosh Portal. That no remuneration will be given to the blood donor either in the form of cash or in-kind accept those as per NBTC/Drugs and cosmetics act 1940 norms. And further that Provisions of drugs & cosmetics act 1940 and rules 1945/NBTC/SBTC will be abided by the organisation holding such outdoor blood donation camps. If any information provided by me is found to be wrong or false then I shall be liable for legal action for which I shall be responsible

Date of Application

Receipt No. and Date

Signature
Name of Applicant
Aadhar No
Contact No
Name and address of the Blood Centre
Blood Centre License
Validity of License