

## FORM 'A'

### APPLICATION FOR NO OBJECTION CERTIFICATE FOR NEW BLOOD BANK LICENSE

(DRUGS & COSMETICS ACT 1945 AS AMENDED TIME TO TIME AND NORMS  
ISSUED BY NBTC, NEW DELHI)

TO,  
THE DIRECTOR,  
STATE BLOOD TRANSFUSION COUNCIL,  
MAHARASHTRA STATE,  
RAVINDRA ANNEXEM 5<sup>TH</sup> FLOOR,  
DINSHAW VACCHA ROAD,  
194 CHURCHGATE RECLAMATION,  
MUMBAI- 400 020

TEL: 022-22830216

Dear Sir,

We are submitting herewith application for "NO OBJECTION CERTIFICATE" (NOC) for establishing NEW BLOOD BANK before issuing licenses by the FDA. The details are as under:

1. Name of registered voluntary / charitable organization: .....

2. Registration nos.:

i) Charitable trust : Registration no.:.....date.....Place of registration.....

ii) Registrar of societies: Registration no.:.....date.....Place of registration.....  
(Copies of the registration certificates should be enclosed)

3. Name of the proposed blood bank :.....

Place \_\_\_\_\_ Taluka: \_\_\_\_\_ Dist: \_\_\_\_\_

4. Population of the place where new blood bank is proposed to be established: \_\_\_\_\_ Lakhs

5. Details of the blood banks operating at the proposed place of blood banks:

S. N.	Name of existing blood bank	Name of the organization which is operating the blood bank	Whether component facility is available	Annual blood collection of last two years

6. Whether there is a need of new blood bank with detailed justification :  
 .....  
 .....  
 .....
7. Whether the organization is a family society or trust : YES / NO
8. Whether memorandum of association includes the activities related to health care delivery system or blood transfusion services : YES / NO
9. Brief details of the activities related to health care delivery system or blood transfusion services during last two years

Sr. no.	Details of the activity	Amount of expenditure as per audited statement of accounts

(Proof towards activities along with audited balance sheet of expenses on the activity should be enclosed)

10. Whether undertaking to ensure blood collection more than 2000 units per year with nearing 100% contribution from voluntary blood donor preferably through out door blood donation camp is enclosed : YES / NO
11. Whether undertaking to appoint Medical Social Worker & counselor with the blood bank for arranging voluntary blood donation camps and pre and post donation counseling is given : YES / NO
12. Whether undertaking to establish blood component separation facility of its own or a storage facility for component within a period of two years from the date of receiving license to operate blood bank is given : YES / NO
13. Whether undertaking to abide with the guidelines of SBTC / NBTC issued from time to time including the guidelines for processing charges for blood and blood components is enclosed : YES / NO

**NOTE :The undertakings at sr. no. 10 to 13 should be on the stamp paper of Rs. 100/-**

14. Whether an amount of Rs. 5000/- (Rs. Five Thousand only) towards processing fees : YES / NO paid through Internet Banking?

If so, attached copy of the transaction printout.

Bank details of SBTC

Name of Account holder : Director State Blood Transfusion Council  
Bank Account No. : 52091276964  
Bank name : State Bank of India  
Branch Name : P.M. Road Branch, Fort , Mumbai  
IFSC Code : SBIN0060113

**DECLARATION**

I hereby declare that all the details submitted are true & correct to the best of knowledge and belief. If any information is found false, incorrect / incomplete, the application is liable to be rejected or cancelled at any stage.

Place : Name of the applicant:

Date: Seal / stamp of the organization

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**Verification Report by District Blood Transfusion Officer**

Certified that I have visited the proposed Blood Bank and verified the required documents as state above and recommend / \* not recommend, for issue of No Objection Certificate for setting up of New Blood Bank.

(\*In case of non-recommendations, please give observations)

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Signature of BTO:.....

Name of Dist. BTO:.....

District: .....

Rubber stamp / seal.....