## FORM 'B'

## APPLICATION FOR NO OBJECTION CERTIFICATE FOR RENEWAL OF BLOOD BANK LICENSE

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

TO,
THE DIRECTOR,
STATE BLOOD TRANSFSUION 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 renewal of BLOOD BANK license by the FDA. The details are as under: Name of registered voluntary / charitable organization: ..... 1. Registration nos.: 2. i) Charitable trust: Registration no.:.....date......Place of registration..... (Copies of the registration certificates should be enclosed) Name of the blood bank . 3. Place Taluka: Dist: License No: ..... date: .....valid upto: ..... 4. Issued by:..... (enclosed photocopy of license)

5.	Whether a	pplied for NOC 3 months before e	: YES / NO					
6.	If not detailed reasons thereof							
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7.	Whether t	: YES / NO						
8.	Whether memorandum of association includes the activities related to : YES / NO health care delivery system or blood transfusion services							
9.		Brief details of the activities related to health care delivery system or blood transfusion service during last two years						
	Sr. no.	Details of the ac	tivity	Amount of expenditure as per audited statement of accounts				
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(Proc		tivities along with audited balance						
	units per year with nearing 100% contribution from voluntary blood donor preferably through out door blood donation camp is enclosed							
11.	Whether copies of appointment of Medical Social Worker & counselor and joining: YES / NO report in the blood bank for arranging voluntary blood donation camps and pre and post donation counseling are enclosed:							
12.	Whether report of establishing blood component separation facility or : YES / NO a storage facility has been enclosed. (give details of component prepared year wise)							
13.	Whether details of processing charges collected as per the guidelines of SBTC / NBTC (give details)  : YES / NO							
	Sr. no.	Description	Charges per unit					
	1	Whole blood						
	2	Packed Red Cells						
	3	Fresh Frozen Plasma						
	4	Platelet Concentrate						
	5	Cryopricipitate						

(The charges should be excluding specialized testing charges and component specific test charges.)

: YES / NO Whether undertaking on stamp paper of Rs. 100/- to abide with the 14. guidelines of SBTC / NBTC issued from time to time including the guidelines for processing charges for blood and blood components is enclosed Whether an amount of Rs. 5000/- (Rs. Five Thousand only) towards processing fees: YES / NO 15. 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 : 52091276964 Bank Account No. Bank name : State Bank of India : P.M. Road Branch, Fort, Mumbai Branch Name : SBIN0060113 IFSC Code **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 the rejected or cancelled at any stage. Name of the applicant: Place: Seal / stamp of the organization Date: Verification Report by District Blood Transfusion Officer Certified that I have visited the Blood Bank and verified the required documents as state above and recommend / \* not recommend, for issue of No Objection Certificate for renewal of the license of 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	