

NO:

Price Rs. 10/-

## FORM OF APPLICATION FOR REGISTRATION OF BLOOD BANK

( Under Drugs and Cosmetic Act. 1940. 2nd Amendment as per  
Gazette of India No. 245 (E) dt. April 5. 1999.)

To  
**The PRESIDENT,**  
STATE BLOOD TRANSFUSION COUNCIL,  
MAHARASHTRA STATE .  
Ravindra Annexe, 5<sup>th</sup> Floor,  
Dinshaw, Vaccha Road, Opp. CCI Club  
Shankar Jai Kishan Chowk, Churchgate,  
Mumbai-20  
Tel. No.- 022-22830216/Fax-22854981.

Dear Sir,

I request that my Blood Bank, Name, Address, as stated below may be registered with the State Blood Transfusion Council, Maharashtra State and may be considered for Registration with State Blood Transfusion Council ".

I enclose herewith for your perusal the copy of the license issued by Drugs Controller of India.

Registration Fee of **Rs, 1000/- + Form Fee Rs.10 =1010/- (Rupees one thousand Ten only)** as required by the council is also sent by Demand Draft to be paid to council.

I hereby declare that have read carefully and understood the instructions. All the information given in the form are true to the best of my knowledge and belief.

Yours faithfully,

Signature

(Name as signed .....)

### INSTRUCTIONS

1. All particulars to be given in the application must be filled in by the applicant in neat legible hand in Block capital letters.
2. The Name of the Blood bank entered in this application must correspond with the name of the Blood Bank entered in the license.
3. Registration Fee of **Rs.1000/- + Form Fee Rs.10=1010/- (One Thousand Ten only)** for registration should be sent to the President, State Blood Transfusion council, Maharashtra State, Demand draft payable at Mumbai .
4. Mere submission of application to the " State Blood Transfusion Council" does not imply that the Blood Bank is Registered with State Blood Transfusion Council ".



1. **Name of Blood Bank.**  
as entered in the license  
(In Block Letters Only) .....
2. **Blood Bank License No.**  
a) Date of issue of license. ....  
b) Date of renewal of license. ....
3. **Category**  
To which category the Blood Bank  
belongs to ( Govt./ Corporation /Trust/  
Hospital/Voluntary Organization / Private ).  
a) If the Blood Bank is affiliated to a  
Trust, specify the name of the Trust .....  
b) Trust Registration No. ....  
c) If the Blood Bank is affiliated to a  
Registered Society, specify name of the  
Registered Society. ....  
d) Society Registration No. ....
4. **Address:**  
( Detail postal address with pin code  
and Telephone No. ....  
.....  
.....
5. **Fax No.** .....
6. **Email. ID.** .....
7. **Blood Bank Personnel.**  
a) Name of the I/C BTO .....  
b) Qualification of BTO .....
8. **I forward herewith,**  
a) Copy of license to operate Blood Bank.  
b) Copy of Trust / Society Registration  
certificate ( If applicable ).

**Yours Faithfully,**

**Name and Signature of applicant.**

**Date :**

**Place :**