

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, 5th 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 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 with neat legible hand in Block Capital letters.
2. The name of the Blood bank entered in this application must correspond with 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 State Blood Transfusion Council