

## BLOOD CENTRE INDIAN RED CROSS SOCIETY



## **VADODARA DISTRICT BRANCH**

FF-101, 102, 103 104, 105-B, Siddhi Vinayak Complex, Indubhai Patel Marg, Opp. Railway Station West, Alkapuri, Vadodara-390007 Phone: 0265-2990201 E-mail: <a href="mailto:ircsbloodcentrevadodara@gmail.com">ircsbloodcentrevadodara@gmail.com</a> Website: www. redcrossvadodara.org

## **Voluntary Blood Donation Program**

•	PLEASE FILL UP COMPLETE DETAILS FOR BLOOD DONATION CAMP		
1.	Name of Institution/Organization:		
2.	Place & Address of Blood Camp:		
3.	Contact Details:	(O)	(M)
4.	E-mail:		
5.	Key/ Contact Person:		
	Designation:		
6.	Partner Organization of the Camp:		
7.	Date & Day of the Camp:		
8.	Time:	From:	To:
9.	Expected Donors:		
10	10. Details of Previously Conducted Blood Camp: Yes/No		
	Date:Blo	od Bank:	
•	PLEASE CONFERM FOLLOWING NEC	CECCADV ADE	ANCEMENT FOR BLOOD CAMP.
1 1/1			ANGENIENT FOR BLOOD CAMP.
<ol> <li>Minimum 25 Blood Donor Group: Yes / No</li> <li>One large Hall or 2 to 3 small rooms with electric points: Yes / No</li> </ol>			
3. 5 tables, 10 chairs, 4 small tables (stools) for Hospital Team: Yes / No			
4. Seating arrangement for Blood Donors: Yes / No			
<ul><li>5. Full light and open-air cross ventilation place or A/C room: Yes / No</li><li>6. Arrangement of Coffee, Biscuits and Water for blood donors: Yes / No</li></ul>			
	rangement of Coffee, biscuits and wa		•
	mp to be kept, in writing.	out the ride	e, time a bace of blood donation
Date:			
Signat	ture:		
Organ	nization Stamp:		