

Application for grant of approval store Blood/and its components for transfusion under Drugs
& Cosmetics Rules, 1945.

To
The Licensing Authority &
Deputy Drugs Controller
Government of Tripura,
Agartala-799006.

Subject:- Application for grant of approval to store blood/and its components for transfusion.

Sir,

The undersigned on behalf of the Director of Health Services, hereby apply for grant of approval to store blood/ and its components for transfusion in _____ Hospital. Particulars of facilities available for the same are given below:-

- (1) Name & address of the Hospital :-
with telephone No. & Fax No.
- (2) Names of items to be stored for transfusion:-Whole Human Blood/Conc.
Human RBC/platelets concentrates.
- (3) Accommodation (size) of the room :-
(a plan showing location in to be attached)
- (4) Number of blood bank refrigerator available
with capacity and name manufacturer:-
- (5) Number of compound Microscope available:-
- (6) Number of apparatus, etc available for :-
cross matching.
(attach a separate sheet, if space is not sufficient)
- (7) Furniture for cross matching and storage :-
of records available.
- (8) Technical staff available :-
 - (i) Name of the Medical Officer :-
with qualification and experience:
(please enclosed attested copies of
certificate of educational qualification
and experience)

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- (ii) Name of the Lab Technician :-
with qualification and experience
in blood grouping and cross matching
(please enclose attested copy of certificate
of educational qualification and experience)
- (9) Whether A/C has been provided :-
- (10) The date on which the blood storage :-
centre would be ready for inspection.

Yours faithfully,

Enclosure:-

(S. D. M. O.)

_____ Hospital.

Dated _____