

**FORM – I A For Charitable Trust / Voluntary organization:**

**DECLARATION TO BE FILED FOR APPROVAL OF SBTC BY  
THE TRUST PRESIDENT / SECRETARY FOR STARTING A BLOODBANK**

1. Name of the organization proposing to Start blood Bank :
2. Address of the Premises Where it is proposed to be started :
  - a. Status of the premises :  
(Own/ Lease / Rent)
3. Names of the President / Secretary/ Members with details
4. Permanent Address : (Proof to be attached)
5. Present Residential Address : With Contact Tel/cell number
6. Expected Investment for Establishment of Blood Bank And it's Source
7. Justification for starting Blood Bank in view of Blood Banks existing in the area:  
**(Submission of proof of social work related to health, memorandum)**
8. Whether you / your trust members are in Possession of any Licenses Under Drugs and Cosmetics Rules Earlier or Present? If Yes, Details :
9. Whether at Any Time Your / Your Trust members Drug Licenses Cancelled? If Yes, Details :
10. Whether you / your trust members at any time convicted under any Criminal law? If yes, Details :
11. Are you / your trust members convicted/ Acquitted in any Cases Under Drugs and Cosmetics Act, 1940? If Yes, Details :
12. Are you / trust members studied the Rules and Regulations of Drugs and Cosmetics Act, 1940 and Rules 1945 and under-Stand Responsibilities of a Licensed Dealer?

Certified that the above information furnished by me is true and correct and in case if any thing above stated is found false. I am Liable for Criminal Action to be taken by SBTC. I also submit the blood bank data regularly (Daily) to the APSACS.

**Witness's signature with addresses:**

- 1.
- 2.

The following information should be submitted with documentary proof:

- The trust should submit the last 5 years audit report certified by the CA.
- The trust should submit documentary proof that they are financially sound enough to establish and run blood bank.
- Self declaration by the trust members (president and secretary) stating that there are no pending trial cases in the court of law against them. They should not be convicted earlier under any criminal laws.
- All the blood banks should have computer with internet connectivity to upload the blood status to APSACS website.
- Should be registered with Charity Commissioner and Register of Co-operative societies under the Co-op. Societies Act. for at least last five years
- The trust should not be a family trust
- The trust deed and the activities undertaken by the trust should showcase social accountability
- The aims and objectives of the trust or NGO must be furnished
- The institution must be run on no profit and no loss basis.

This application is to be submitted through Addl. DM&HO (AIDS & Lep) of the concerned District

Remarks of Addl. DM&HO (AIDS & Lep)

a) **Geographical location : (i) Mandal**

**(ii) district**

**(iii) Nearest Blood Bank**

**(iv) Medical facilities available in the area.**

**(v) Facility to handle accident victim.**

**(vi) Trauma Centre.**

b) **Anticipated Blood Collections.**

c) **Details of demand.**

1. Date of Receipt of the Application
2. Date of forwarding with remarks

Date:

Signature of the Addl. DM&HO  
(AIDS & Lep)

\*Additional DMHO while forwarding the application should personally verify the details submitted by the concerned and should forward the application with his remarks.

**FORM – I B For Charitable**

**Trust / Voluntary organization:**

**DECLARATION TO BE FILED FOR APPROVAL OF SBTC BY THE TRUST PRESIDENT /  
SECRETARY FOR RENEWAL OF LICENSE**

1. Name of the Blood Bank : And address
2. Name of the organization to renew Blood Bank and address
3. Name of the President / Secretary / Members :
4. Permanent Address :  
(Proof to be attached)
5. Present Residential Address : With Contact Tel/cell number
6. Names of the Staff (Doctor, Staff Nurse and Lab Technician, Donor Motivator) with documentary details (with qualification)
7. Whether the staff is trained in Blood Banking Technology (Submit the details)
8. Cost at which blood is Being sold
9. Do you display outside the premises about the stock position and rate
10. Whether at Any Time You / Your Trust members 'Drug / BB Licences Cancelled? If Yes, Details:
11. Whether you / your trust members at Any time convicted under any Criminal law? If yes, Details
12. Are you / your trust members convicted/ Acquitted in any Cases Under Drugs and Cosmetics Act, 1940? If Yes, Details :
13. Are you / trust members studied the Rules and Regulations of Drugs and Cosmetics Act, 1940 and Rules 1945 and under-stand Responsibilities of a Licensed Dealer?

Certified that the above information furnished by me is true and correct and in case if any thing above stated is found false. I am Liable for Criminal Action to be taken by SBTC. I also submit the blood bank data regularly (Daily) to the APSACS.

Place:

Date:

SIGNATURE

**Witness's signature with addresses:**

1.

2.

**EXTRA INFORMATION TO BE PROVIDED IN CASE OF RENEWAL**

1. Collection of Units in last 5 years (year wise) Voluntary / Replacement
- 2.. No. of camps conducted, If permitted for camps
3. No. of Units discarded with reasons
- 4 No. of units given to Govt. Hospitals (Name of the Hospital) on free of cost
5. No. of units given to poor patients (BPL) Who admitted in private hospitals (Name of the Hospital) on free of cost
6. No. of inspections conducted by the monitoring authority
7. Any major deficiencies pointed out and rectification done

The following information should be submitted:

- The trust should submit the last 5 years audit report certified by the CA.
- The trust should submit documentary proof that they are financially sound enough to run the blood bank.
- Self declaration by the trust members (president and secretary) stating that there are no pending trial cases in the court of law against them. They should not be convicted earlier under any criminal laws.
- All the blood banks should have computer with internet connectivity to upload the blood status to APSACS website.

- Should be registered with Charity Commissioner and Register of Co-operative societies under the Co-op. Societies Act. for at least last five years
- The trust should not be a family trust
- The trust deed and the activities undertaken by the trust should showcase social accountability
- The aims and objectives of the trust or NGO must be furnished
- The institution must be run on no profit and no loss basis.

This application is to be submitted through Addl. DM&HO (AIDS & Lep) of concerned District

Remarks of Addl. DM&HO (AIDS & Lep)

1. Date of Receipt of the Applicatoin
2. Date of forwarding with remarks

Date:

Signature of the Addl. DM&HO  
(AIDS & Lep)

\*Additional DMHO while forwarding the application should personally verify the details submitted by the concerned and should forward the application with his remarks.

**FORM – II A**

**For Hospital Attached Blood Banks.**

**DECLARATION TO BE FILED FOR APPROVAL OF SBTC**  
**BY MANAGING DIRECTOR / EXECUTIVE DIRECTOR / PROPRIETOR /**  
**MANAGING PARTNER OF HOSPITAL FOR STARTING A BLOOD BANK**

1. Name of the Hospital And address
2. No. of Beds Nature of beds – Multispecialty, Obstetric, Surgical/  
Paediatric
3. Name of the Director of the Hospital:
4. Father's /Husband's Name :
5. Age :
6. Permanent Address : (Proof to be attached)
7. Present Residential Address : With Contact Tel/cell number
8. Educational Qualifications :
9. Expected Investment for Establishment of Blood Bank  
And it's Source :
10. Justification for starting Blood Bank in view of Blood Banks existing  
in the area:
11. Whether you are in Possession of any Licenses under Drugs  
and Cosmetics Rules Earlier or Present? If Yes, Details :
12. Whether at Any Time Your  
'Drug Licenses Cancelled? If Yes, Details :
13. Whether you at any time convicted Under any Criminal law? If yes,  
Details :
14. Either alone or with any body, You involved in any  
Drug Cases? If yes, Details
15. Are you convicted/ Acquitted in any Cases Under Drugs  
and Cosmetics Act, 1940? If Yes, Details :
16. Are you studied the Rules and Regulations of Drugs and Cosmetics  
Act, 1940 and Rules 1945 and under-stand Responsibilities of a  
Licensed Dealer?

17 Names of the Staff (Doctor, Staff Nurse and Lab Technician) with qualification

18. Whether the staff is trained in Blood Banking Technology  
(Submit the details)

19. How was the need for blood met earlier

Certified that the above information furnished by me is true and correct and in case if any thing above stated is found false. I am Liable for Criminal Action to be taken by SBTC. I also submit the blood bank data regularly (Daily) to the APSACS.

Place:

Date:

SIGNATURE

**Witness's signature with addresses:**

- 1.
- 2.

The following information should be submitted with documentary proof:

- Hospital should have 50 beds minimum for treatment of in-patients where trauma cases, paediatric and obstetric cases are admitted and treated.
- Blood banks should be located within the hospital premises(enclose plan)
- All the blood banks should have computer with internet connectivity to upload the blood status to APSACS website.
- Blood bank should give blood free of cost to poor patients, govt. hospitals, and emergency cases
- Blood bank should be under the direct supervision and control of the hospital management. On the hospital name only. The blood bank should run and all the monthly reports and audit reports should come from the hospital.
- Blood Bank license will be issued to the registered owner of the hospital.

This application is to be submitted through Addl. DM&HO (AIDS & Lep) of concerned District

Remarks of Addl. DM&HO (AIDS & Lep)

1. Date of Receipt of the Application
2. Date of forwarding with remarks

Date:

Signature of the Addl. DM&HO  
(AIDS & Lep)

\*Additional DMHO while forwarding the application should personally verify the details submitted by the concerned and should forward the application with his remarks.

**FORM – II B**

**For Hospital Attached Blood Banks.**

**DECLARATION TO BE FILED FOR APPROVAL OF SBTC BY MANAGING  
DIRECTOR / EXECUTIVE DIRECTOR / PROPRIETOR / MANAGING PARTNER OF  
HOSPITAL FOR RENEWAL OF LICENCE**

1. Name of the Hospital ( Blood Bank) And address:
2. No. of Beds Nature of beds – Multispecialty, Obstetric, Surgical/ Paediatric :
3. Name of the Director of the Hospital :
4. Father's /Husband's Name :
5. Age :
6. Permanent Address : (Proof to be attached)
7. Present Residential Address : With Contact Tel/cell number
8. Educational Qualifications :
9. Whether you are in Possession of any Licences under Drugs and Cosmetics Rules Earlier or Present? If Yes, Details :
10. Whether at Any Time Your 'Drug Licences Cancelled? If Yes, Details :
11. Whether You at any time convicted under any Criminal law? If yes, Details :
12. Either alone or with any body, You involved in any Drug Cases? If yes, Details
13. Are you convicted/ Acquitted in any Cases Under Drugs and Cosmetics Act, 1940? If Yes, Details :
14. Are you studied the Rules and Regulations of Drugs and Cosmetics Act, 1940 and Rules 1945 and under-stand Responsibilities of a Licensed Dealer?
15. Names of the Staff (Doctor, Staff Nurse and Lab Technician)
16. Whether the staff is trained in Blood Banking Technology (Submit the details)

Certified that the above information furnished by me is true and correct and in case if any thing above stated is found false. I am Liable for Criminal Action to be taken by SBTC. I also submit the blood bank data regularly (Daily) to the APSACS.

Place:

Date:

SIGNATURE

**Witness's signature with addresses:**

- 1.
- 2.

The following information should be submitted:

- Hospital should have 50 beds minimum for treatment of in-patients where trauma cases, pediatric and obstetric cases are admitted and treated.
  - **Hospital should have 200 beds (G.O. and guidelines) No. 12015/81/2006-NACO (BS) GOI Ministry of Health & FW (NACO), Dt: 05-01-2009.**
- Blood banks should be located within the hospital premises(enclose plan)
- All the blood banks should have computer with internet connectivity to upload the blood status to APSACS website. **(Must provide the e-mail address)**
- Blood bank should give blood free of cost to poor patients, govt. hospitals, and emergency cases
  - **Are undertaking may be taken in this regard.**
- Blood bank should be under the direct supervision and control of the hospital management. On the hospital name only. The blood bank should run and all the monthly reports and audit reports should come from the hospital.
- Blood Bank license will be issued to the registered owner of the hospital.
  - **Registered owner should apply on his name for the blood bank license.**

EXTRA INFORMATION TO BE PROVIDED IN CASE OF RENEWAL

1. Collection of Units in last Voluntary / Replacement 5 years (year wise)
2. No. of Units discarded with reasons

3. No. of units given to Govt. Hospitals( Name of the Hospital) on free of cost
4. No. of units given to poor patients (BPL) Who admitted in your hospital on free of cost.
5. Cost at which blood is being sold
6. To display outside the premises about the stock position and rate
7. No. of inspections conducted by the monitoring authority
8. Any major deficiencies pointed out and rectification done

This application is to be submitted through Addl. DM&HO (AIDS & Lep) of concerned District

Remarks of Addl. DM&HO (AIDS & Lep)

1. Date of Receipt of the Applicatoin
2. Date of forwarding with remarks

Date:

Signature of the Addl. DM&HO  
(AIDS & Lep)

\*Additional DMHO while forwarding the application should personally verify the details submitted by the concerned and should forward the application with his remarks.

**FORM – III A FOR GOVERNMENT / RED CROSS BLOOD BANKS:**

**DECLARATION TO BE FILED FOR APPROVAL OF SBTC BY  
SUPERINTENDENT OF HOSPITAL / SECRETARY OF BLOOD BANK FOR  
STARTING A NEW BLOOD BANK**

1. Name of the Blood Bank And address
2. Name of the Medical Officer /  
Secretary IRCS
3. Father's /Husband's Name :
4. Age :
5. Permanent Address :
6. Present Residential Address With Contact Tel/cell number
7. Expected Investment for Establishment of Blood Bank And it's Source
8. Justification for starting Blood Bank in view of Blood Banks existing in the area:
9. Are you studied the Rules and Regulations  
of Drugs and Cosmetics Act, 1940 and Rules 1945 and  
under-stand Responsibilities of a Licensed Dealer?

Certified that the above information furnished by me is true and correct and in case if any thing above stated is found false. I am Liable for Criminal Action to be taken by SBTC. I also submit the blood bank data regularly (Daily) to the APSACS

Place:

Date:

SIGNATURE

**Witness's signature with addresses:**

- 1.
- 2.

- All the blood banks should have computer with internet connectivity to upload the blood status to APSACS website.

This application is to be submitted through Addl. DM&HO (AIDS & Lep) of concerned District

Remarks of Addl. DM&HO (AIDS & Lep)

1. Date of Receipt of the Application
2. Date of forwarding with remarks

Date:

Signature of the Addl. DM&HO  
(AIDS & Lep)

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**FORM – III B FOR GOVERNMENT / RED CROSS BLOOD BANKS:**

**DECLARATION TO BE FILED FOR APPROVAL OF SBTC BY SUPERINTENDENT OF  
HOSPITAL / SECRETARY OF BLOOD BANK FOR  
RENEWAL OF LICENSE**

1. Name of the Blood Bank And address
2. Name of the Medical Officer / Secretary IRCS
3. Father's /Husband's Name
4. Age :
5. Permanent Address
6. Present Residential Address With Contact Tel/cell number
7. Names of the Staff (Doctor, Staff Nurse and Lab Technician, Donor Motivator) with qualification
8. Whether the staff is trained in Blood Banking Technology (Submit the details)
9. Have you studied the Rules and Regulations of Drugs and Cosmetics Act, 1940 and Rules 1945 and under-stand Responsibilities of a Licensed Dealer?

Certified that the above information furnished by me is true and correct and in case if any thing above stated is found false. I am Liable for Criminal Action to be taken by SBTC. I also submit the blood bank data regularly (Daily) to the APSACS.

Place:

Date:

SIGNATURE

**Witness's signature with addresses:**

- 1.
- 2.

EXTRA INFORMATION TO BE PROVIDED IN CASE OF RENEWAL

1. Collection of Units in last Voluntary / Replacement 5 years (year wise)
- 2.. No. of camps conducted,
3. No. of Units discarded with reasons
4. No. of units given to Govt. Hospitals( Name of the Hospital) on free of cost
5. No. of units given to poor patients (BPL) Who admitted in your hospital on free of cost.
6. Cost at which blood is Being sold
7. To display outside the premises about the stock position and rate
8. No. of inspections conducted by the monitoring authority
9. Any major deficiencies pointed out and rectification done

This application is to be submitted through Addl. DM&HO (AIDS & Lep) of concerned District

Remarks of Addl. DM&HO (AIDS & Lep)

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Date:

Signature of the Addl. DM&HO  
(AIDS & Lep)

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