



CMC VELLORE EQAS PROGRAM – TRANSFUSION MODULE REGISTRATION FORM – BLOOD BANKS

Please take time to fill in all the details accurately in black. All fields are mandatory. All information provided will be held in confidence.

If you are an existing participant, please write your participating Pin No :

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1. NAME OF BLOOD BANK

2. NAME of MEDICAL OFFICER

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(This will be the contact person to whom all correspondence will be addressed in future)

3. ADDRESS STREET

4. TOWN/CITY

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5. DISTRICT

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6. STATE

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7. PIN CODE

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8. TELEPHONE

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STD code

Telephone number

9. MOBILE

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10. EMAIL ID*

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11. Stand-alone blood bank

YES NO

12. Are you part of a teaching hospital/medical college?

YES NO

13. Ownership (select one)

**Government (including PSU) / Private /
Private trust or Society / NGO**

(P.T.O)



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14. Are you a NACO supported Blood Bank? **YES** **NO**
15. Does NACO/SBTC fund your EQA subscription? **YES** **NO** **DON'T KNOW**
16. Blood bank Type: **Whole Blood / Components separation**
17. No of Units of Blood Collection per annum (Select only one):
< 500 / 501 - 2000 / 2001 – 5000 / 5000 – 10,000 / > 10,000
18. License status: **Under Renewal / Current valid**
19. If you need a Tax invoice enter your GSTIN :

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