

**NAME & ADDRESS OF BLOOD BANK**

Licence No.:- \_\_\_\_\_

**DONOR DEFERRAL REGISTER  
(Confidential)  
(BD-5)**



Sr. No.	Date	Donor'S Name	Age/ Sex	Address with e-mail ID	Contact Phone No.	Reason for deferral	Temporary / Permanent	Signature

Signature:\_\_\_\_\_

