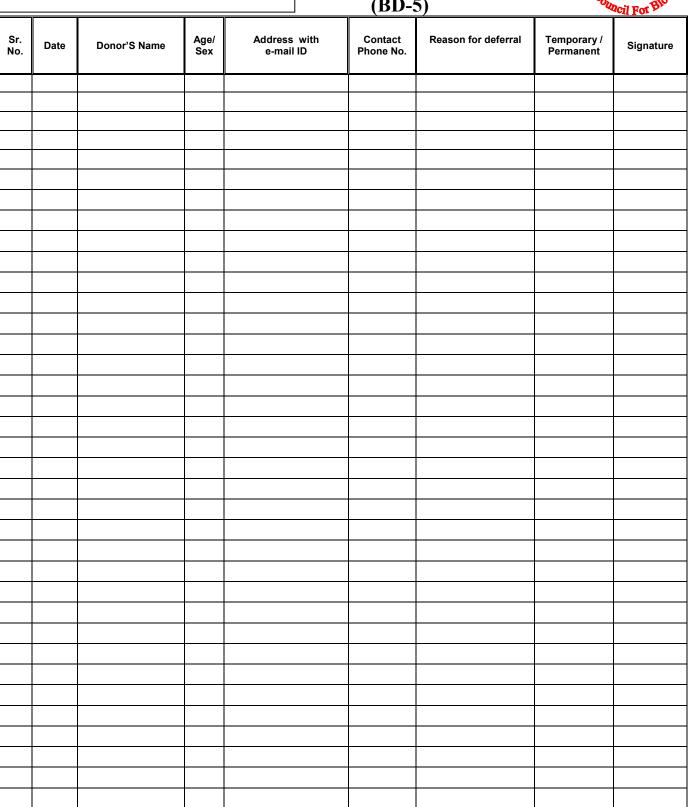
| NAME & ADDRESS OF BLOOD BANK | |
|------------------------------|------------------------|
| | DONOR DEFERRAL REGISTE |
| Licence No.: | (Confidential) |



| Signature.: | | | | | | | | |
|-------------------------------------------------|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| Colored State Conneil for Discal Transferier 12 | | | | | | | | |
| Gujarat State Council for Blood Transfusion 12 | | | | | | | | |
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