



Anybody can save lives

# Help us fight this COVID-19 Virus

You can help the people who are in need by donating plasma. You can register yourself as a donor. We will verify you and get you on board for the good work.

Register As Donor

## Quick Check for available donors



Name

Name

Name

Name

Name

Name

Name

Name

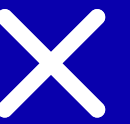
Name

Name

Name

Name





**Home**

---

**Aobut**

---

**Contact**

---

**Login**

---

**SignUp**

---

**Donate**



# Welcome

Mobile:\*

+91

Password:\*

.....



Log In





# Welcome

Mobile:\*

+91

Password:\*

.....



Verify Password:\*

Re-enter password



Get OTP

Enter OTP:

//Message (correct or not)

Submit



First Name:

Last Name:

Age:

Gender:

☒ Male ☐ Female ☐ Other

Email:

Mobile:

Alternate Mobile:

Address:

Lane/H-No:

Landmark:

City/Town:

State:

Zip Code:

Medical Info:

Blood group:

Have you recovered from COVID-19 recently with a RCT-PCR test??

☒ Yes ☐ No

Are you currently suffering from a medical condition, illness, or injury?

☐ Yes ☒ No

T&C

☒ I declare that bla bla bla Laborum velit velit voluptate cillum labore mollit ullamco veniam laborum mollit commodo nulla nulla eu. Exercitation sint tempor enim occaecat ex duis pariatur qui laboris occaecat Incididunt aute.

Submit



Siddhant H



O +ve



20



Male



+918971424154



Belagavi

Verified

Discard



Female N



O +ve



21



Female



+91964565454



Chikodi

Verified

Discard



Siddhant H



O +ve



20



Male



+918971424154



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Name

Name

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Name

Name

Name

Name

Name

Name



Plasma Donation

We are a small team of volunteers reaching out the maximum number of patients to help them in this critical phase.



Reach us on



Contact Info



**Home**

---

**Aobut**

---

**Contact**

---

**Login**

---

**SignUp**

---

**Donate**





# Welcome

Mobile:\*

+91

Password:\*

.....



Log In





# Welcome

**Mobile:\***

+91

**Password:\***

●●●●●●●●●●



**Verify Password:\***

Re-enter password



Get OTP

**Enter OTP:**

//Message (correct or not)

Submit



First Name:

Last Name:

Age:

Gender:

☒ Male ☐ Female ☐ Others

Email:

Mobile:

Alternate Mobile:

---

Address:

Lane/H-No:

Landmark:

City/Town:

State:

Zip Code:

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T&C


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Submit








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