

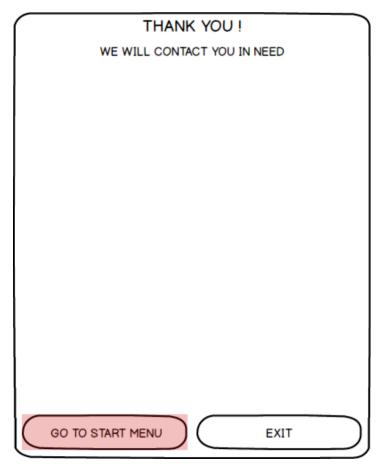
BLOOD BANK

DONATE BLOOD

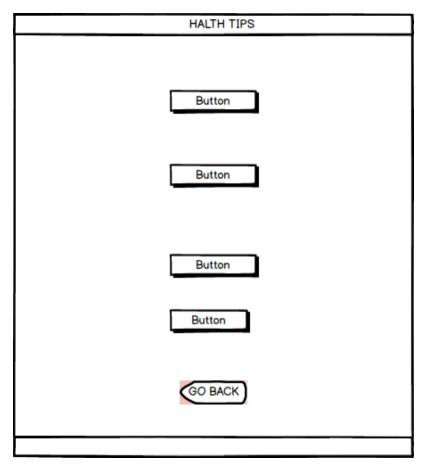
REQUIRE BLOOD ?



DONATE BLOOD		
FULL NAME:		
AGE:		
YOUR BLOOD GROUP:	A+	
CONTACT NUMBER: +91		
E-MAIL ID:		
ADDRESS:		
☐ I ACCEPT ALL TERMS AND CONDITIONS		
GO BACK	REGISTER	



EMERGENCY	
PATIENT NAME:	
B LOOD GROUP:  UNITS OF BLOOD GROUP REQUIRED:	A+  ▼
HOSPITAL NAME:	
PATIENT RESIDENTIAL ADDRESS:	
	EQUEST



You have been
registered!
please have patience.
you will be notified
when a donor is
available.