PLASMA DONOR APPLICATION

DOMAIN: CLOUD APPLICATION DEVELOPMENT

TeamID:PNT2022TMID22468

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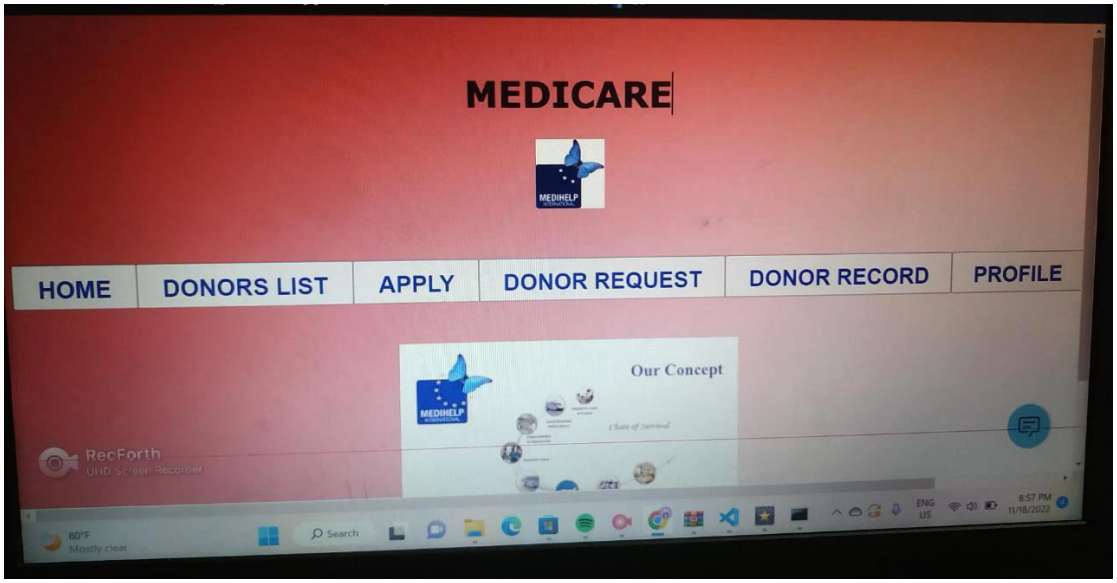

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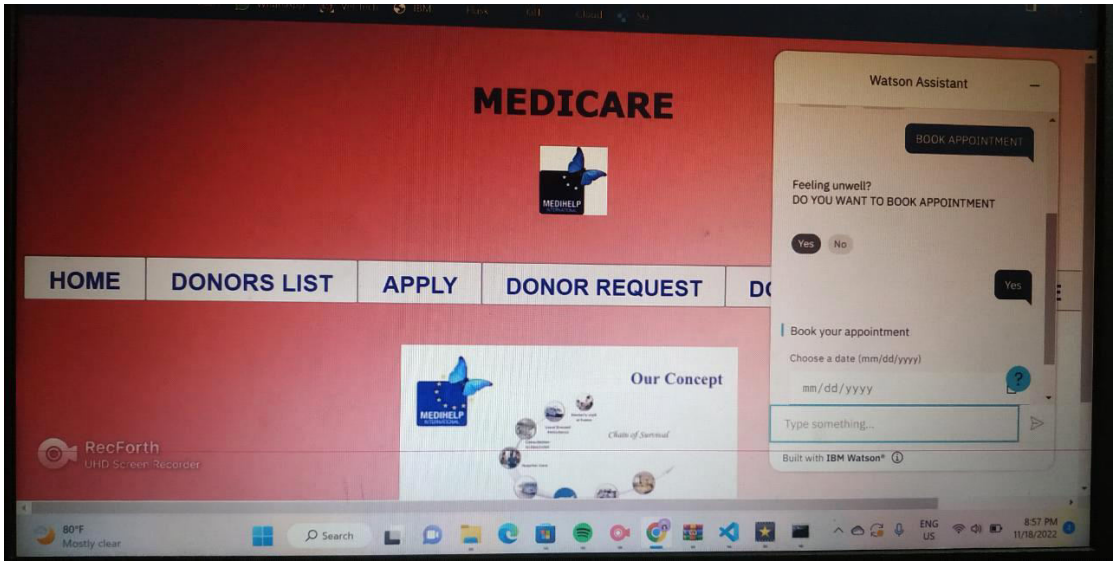
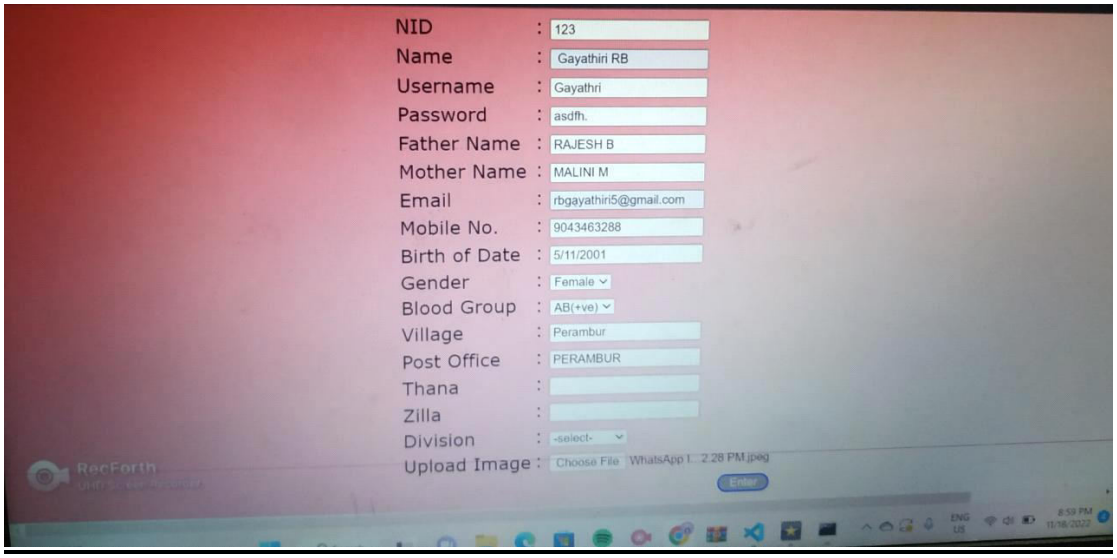
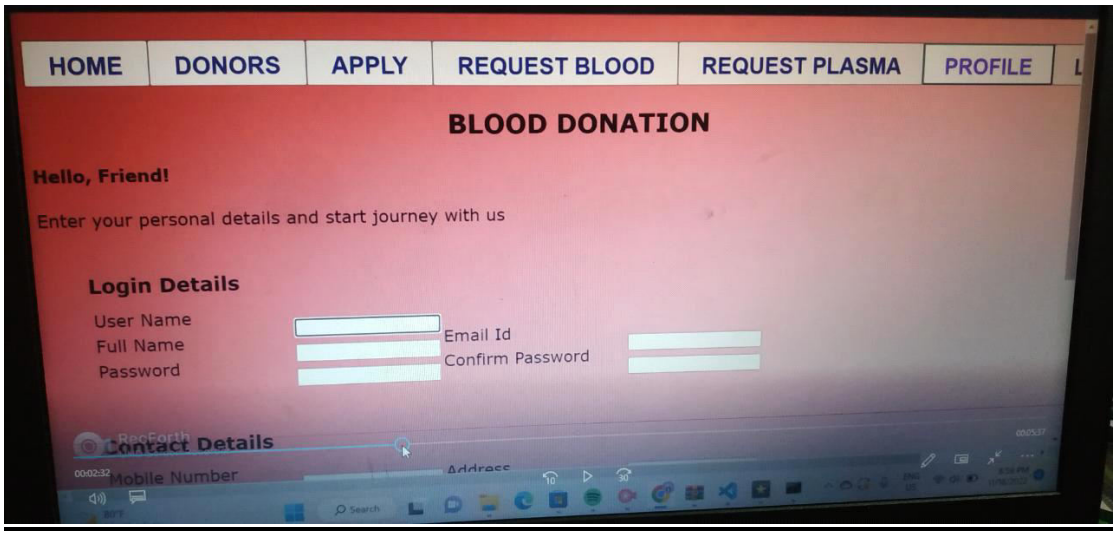
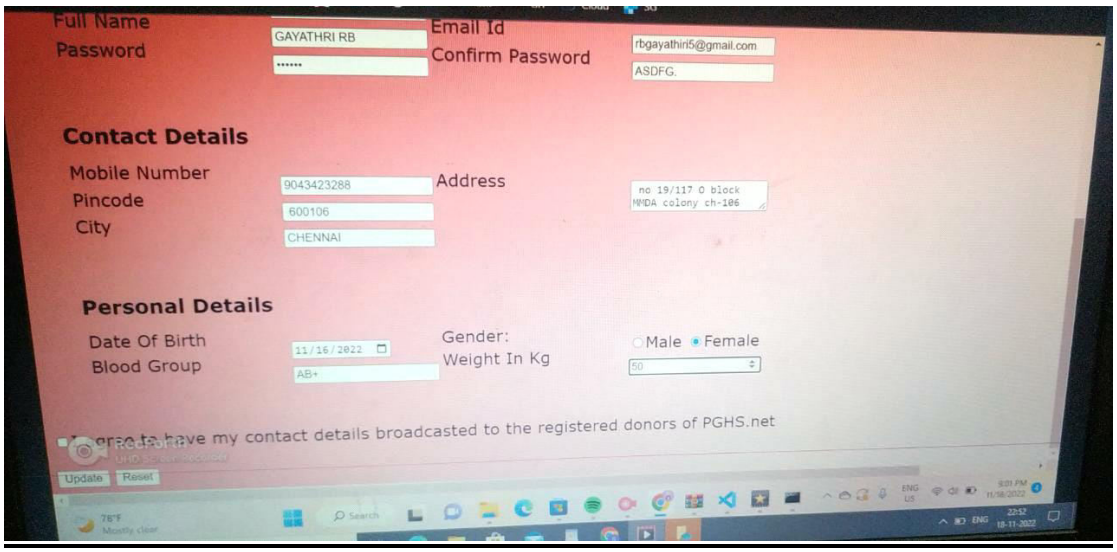


APPLICATION FORM:

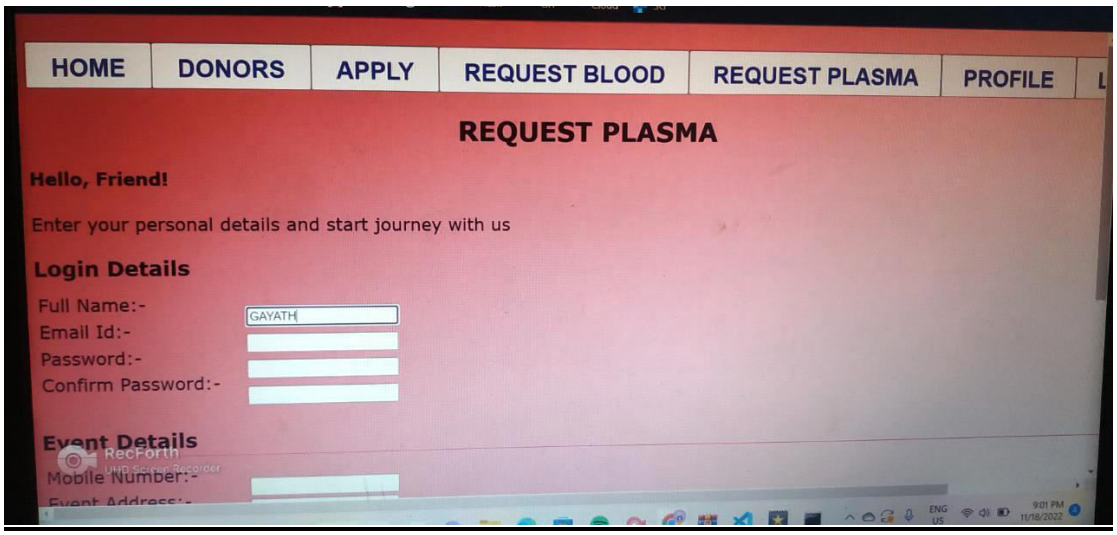


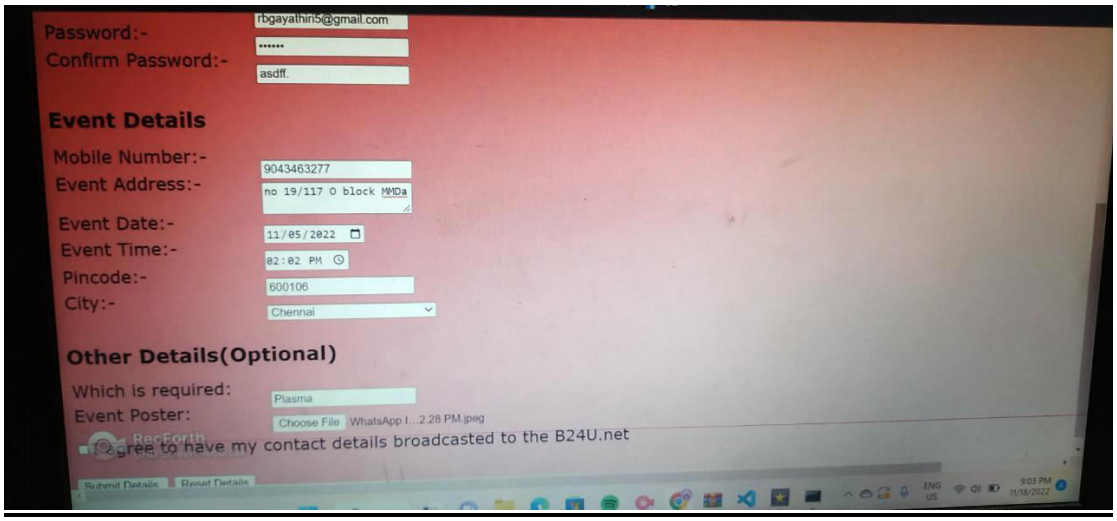
REQUEST BLOOD:



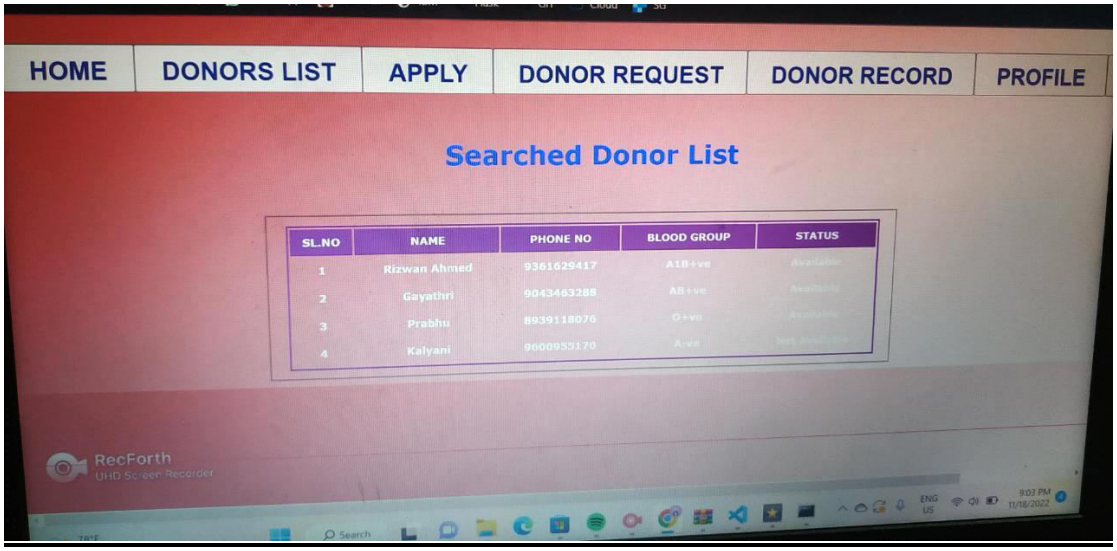


REQUEST PLASMA:





DONAR LIST:



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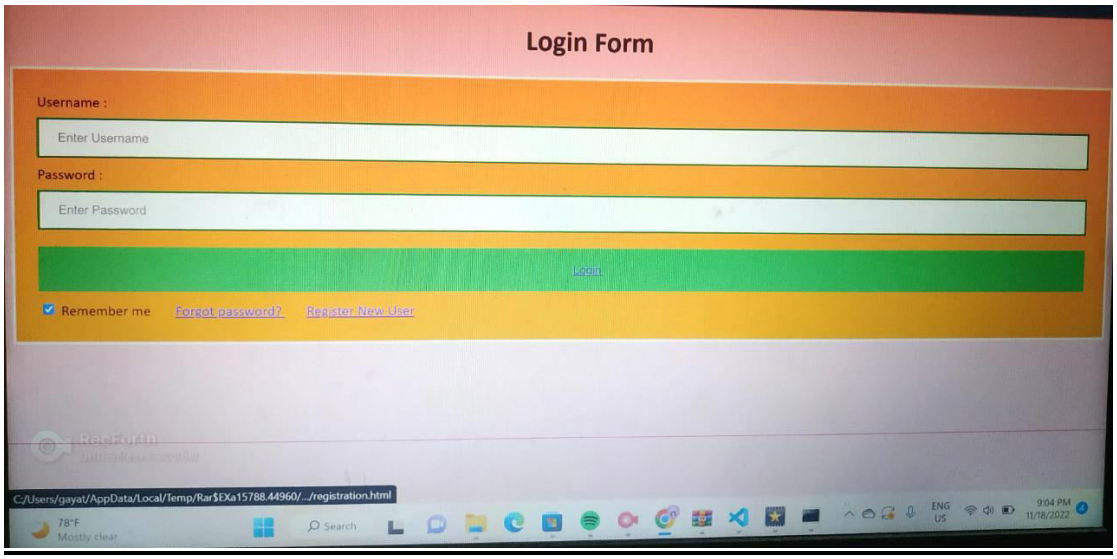

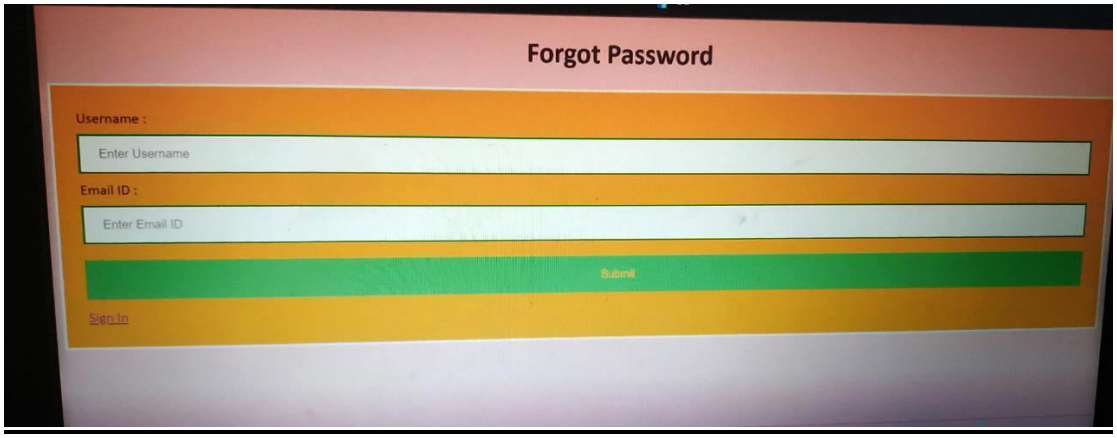

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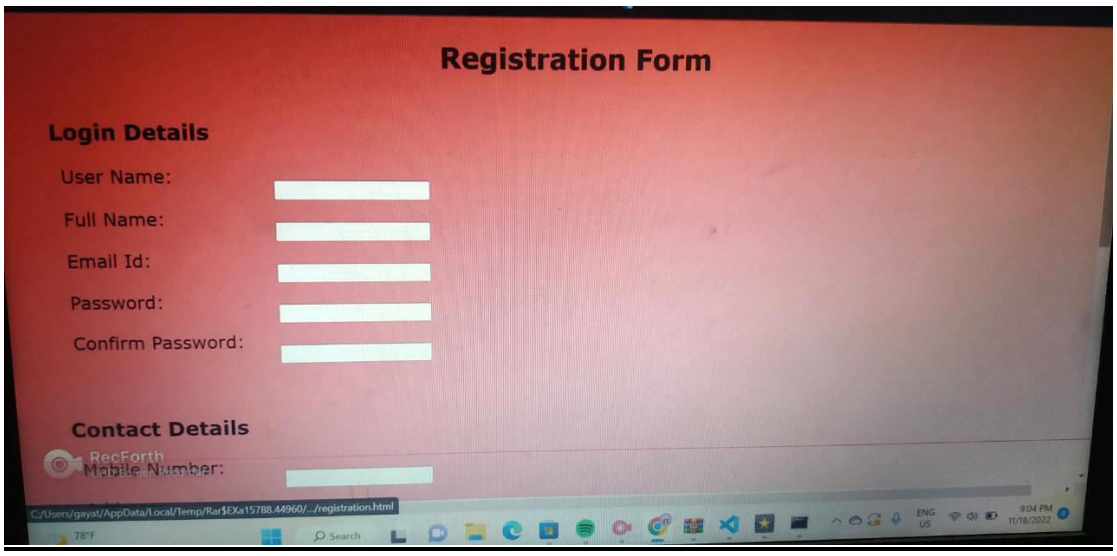

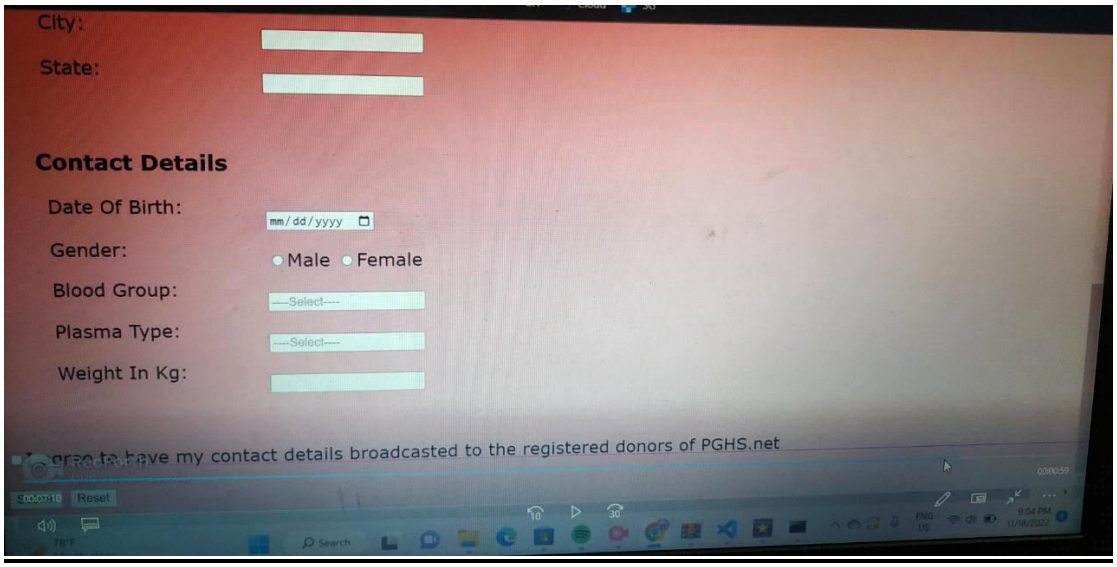
City:
State:
Contact Details
Date Of Birth:
mm/dd/yyyy
Gender:
Male
Female
Blood Group:
----Select----
Plasma Type:
----Select----
Weight In Kg:
I agree to have my contact details broadcasted to the registered donors of PGHS.net
Reset