

## PROJECT DEVELOPMENT PHASE

### SPRINT 2

TEAM ID	PNT2022TMID45457
PROJECT NAME	PLASMA DONOR APPLICATION

PLASMA DONOR:

Hospitals Nearby  
Dropdown

BLOOD GROUP

EMERGENCY  
☐ YES  
☐ NO

### DONOR PAGE

Full Name

Phone Number

Email Address

Date

Time

Address Details

Ready to Donate

## PLASMA SEEKER:

**Welcome!!Connect with complete care**

\*Note: All fields are required.

### PATIENT DETAILS

Enter Patient name

Enter Hospital name

Enter Doctor name you are under treatment

Choose your blood group:  When Required?

Is it Emergency?  
☐ YES ☐ NO

Add description if any!

---type here---

### CONTACT DETAILS

Enter contact number

Enter email id

Choose city: <

Upload your personal photo:  No file chosen

☐ Do you agree to the [terms and conditions?](#)