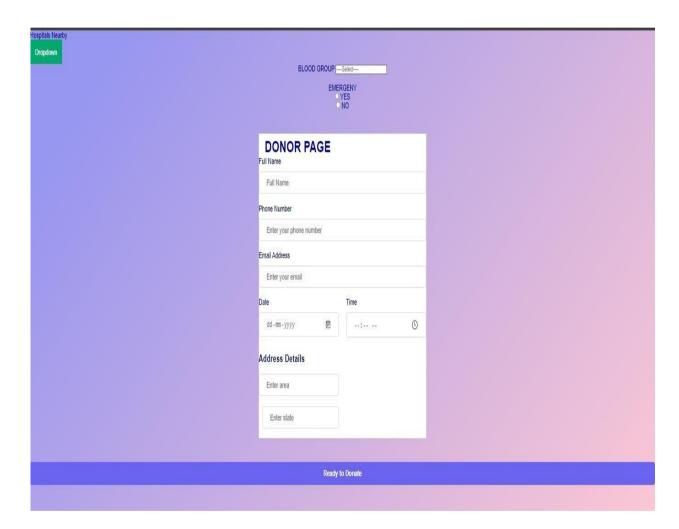
PROJECT DEVLOPMENT PHASE SPRINT 2

| TEAM ID | PNT2022TMID45457 |
|--------------|--------------------------|
| PROJECT NAME | PLASMA DONOR APPLICATION |

PLASMA DONOR:



PLASMA SEEKER:

| Welcome!!Connect with complete care | | |
|---|---|--|
| *Note: All fields are required. | | |
| PATIENT DETAILS | | |
| Enter Patient name First Name | | |
| Enter Hospital name Hospital Name | | |
| Enter Doctor name you are under treatment Doctor Name | | |
| Choose your blood group: O negative When Required? dd -mm - yyyyy □ | | |
| Is it Emergency? ○ YES ○ NO | | |
| Add description if any! | | |
| type here | | |
| | | |
| CONTACT DETAILS | | |
| Enter contact number contact number | | |
| Enter email id Email Address | | |
| Choose city: < City ▼ | | |
| Upload your personal photo: Choose File No file chosen | | |
| □ Do you agree to the terms and conditions? | | |
| Place Request Reset Request | · | |