PROJECT DEVLOPMENT PHASE

SPRINT 2

TEAM ID	PNT2022TMID45809
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-yyyy 🗓`

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`