ADDRESS OF THE COMPANY

MAIN PHONE NUMBER OF THE COMPANY

MAIN EMAIL ADDRESS

BLOOD BANK MANAGEMENT SYSTEM

|  |  |
| --- | --- |
| FULL NAME | <NAME> |
| CIN | <CIN> |
| PHONE | <PHONE> |
| EMAIL | <EMAIL> |
| ADDRESS | <ADDRESS> |
| ALLERGIES | <ALLERGIES> |
| BLOOD STATS |  |
|  | SIGNATURE |