



Date: 23/04/2025

Request ID: 680885afc1661a26ac66b97f

BLOOD REQUEST SUMMARY

Receiver

Name: Suvam Chakraborti

Blood Group: O+

Donor

Name: Goutam Chakraborti

Blood Group: O+

Contact: 9564804551

Declaration:

I hereby confirm that the details provided in this document are true and accurate to the best of my knowledge. This blood donation request is made in good faith, and all involved parties have been informed accordingly. Misuse or falsification of information may result in legal consequences under applicable laws.

