



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.

