



B.P BLOOD BANK

CERTIFICATE OF APPRECIATION



This to certify that Mr/Ms _____ has donated his valuable blood at B.P Blood Bank on date _____. You have taken a step forward to save a life. We are grateful to your decision to donate blood. Thank you for voluntarily donating blood. Stay Healthy.

DETAILS

Blood Group of Donor : _____

WBC Count (White Blood Cells) : _____

RBC Count (Red Blood Cells) : _____

Haemoglobin Count (HBC) : _____

Weight & Height of Donor : _____

Signature Of Doctor

You can donate your blood again after 3-4 months

DONATE BLOOD. SAVE LIVES!

Signature Of Head