







UBUNTU

















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Plasma Donors



Free Meals



Medication



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Shelter support



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Pregnant ladies



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Elderly Support



Last Ritual Support



Others























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Make A Request > Plasma Donor

Request Form

Name:

Age:

City:

Blood Group:

Pin code:

Hospital:

Address:

Gender:

Contact No.











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Name:

City:

Pin code:

Contact No. – (Optional)























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Make A Request > Medication

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Name:

Age:

City:

Blood Group:

Pin code:

Hospital:

Address:

Gender:

Contact No.

Covid Positive - Yes No

Any Specific Medication Required-























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Name:

Age:

City:

Blood Group:

Pin code:

Hospital:

Address:

Contact No. – (Optional)

Oxygen level-























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Name:

Age:

City:

Pin code:

Address:

Gender:

Contact No.

Covid Positive- Yes No























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Name:

Age:

City:

Blood Group:

Pin code:

Address:

Gender:

Contact No.

Covid Positive- Yes No























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Name:

Age:

City:

Blood Group:

Pin code:

Hospital:

Address:

Contact No. - (Optional)

Pregnancy Month-

Covid Positive- Yes No























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Name:

Age:

City:

Blood Group:

Pin code:

Address:

Gender:

Contact No. – (Optional)

Covid Positive- Yes No























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Name:

Age:

City:

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Hospital:

Address:

Gender:

Contact No.























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Name:

Age:

City:

Pin code:

Hospital:

Address:

Gender:

Contact No.

Covid Positive- Yes No























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Make A Request > Others

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Name:

Age:

City:

Blood Group:

Pin code:

Hospital:

Address:

Gender:

Contact No.

Covid Positive-

Your Message-

Yes No



