11/25/22, 10:19 PM Donar Registartin



## LIFE BLOOD SERVICES

Home About Us <u>User Login</u> Admin



## **Blood Donation Form**

Confidential - Please answer the following questions correctly. This will help to protect you and the patient who receives your blood.

First
Name:

Last
Name:

Enter your first name

Enter your last name

it should contain @,...

Mobile:

only 10 digits are allowed

Gender:	Enter your gender
Address:	
	li
Blood Group:	Enter your blood group
-	
Password:	
Age:	Enter your age

Submit

For any queries

Contact us

211210054 @ nit delhi.ac.in, 211210041 @ nit delhi.ac.in, 211210064 @ nit delhi.ac.in