

L.Dis.No.4437/M2-1/2018

CERTIFICATE OF APPROVAL TO BLOOD STORAGE CENTRE FOR STORAGE OF  
WHOLE HUMAN BLOOD AND OR ITS COMPONENTS.

No. 37/GNT/AP/2018/BSC/G

Date of Issue: 06.12.2018

Approval is hereby granted to Blood Storage Centre organized by the M/s. APVVP Community Health Centre, D.No.12-1351, C/o CHC, Maddi Nagar, Chilakaluripet, Guntur District, Andhra Pradesh, with the following Competent Technical Staff.

1. Name of the items: : 1. WHOLE HUMAN BLOOD IP
2. Name of the approved Medical officer. : Dr. Sunkara Bhavani Devi, MBBS.M.S(OBG)
3. Name of the Qualified Blood Bank Technicians :  
1. Mr.Suraboyina Prasad, Dip in MLT Technician  
2.Mr.Sammeta Ashok Varma, B.Sc (MLT), Technician
4. Name & Address of the Licenced Blood Bank from whom the Blood units would be procured : M/s APVVP Area Hospital Blood Bank, Narasaraopet, Guntur District.
5. The approval shall be in force from 06-12-2018 to 05-12-2020



SIGNATURE:

DESIGNATION:

LICENSING AUTHORITY:

**DIRECTOR**  
Drugs Control Administration  
Government of Andhra Pradesh  
Chuttugunta, Guntur-522 004

GOVERNMENT OF ANDHRA PRADESH  
DRUGS CONTROL ADMINISTRATION

Re.No.4437/M2-1/2018

Dated: 12-12-2018

From:

M.B.R.Prasad M.Pharm,  
Director,  
O/o. The Director General,  
Drugs and Copyrights,  
Drugs Control Administration,  
Chuttugunta Guntur - 522004

To

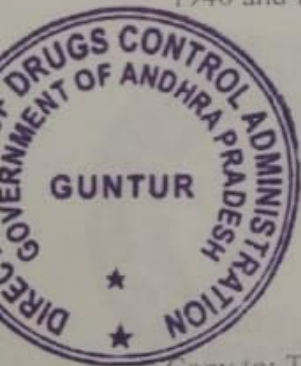
M/s. APVVP Community Health Centre,  
Blood Storage Centre, D.No.12-1351,  
C/o CHC, Maddi Nagar,  
Chilakaluripet,  
Guntur District  
Andhra Pradesh.

Sir,

Sub:- Drugs and Cosmetics Act, 1940 and Rules made thereunder - Grant of  
Permission of approval to Blood Storage Centre - Regarding.

Ref:- 1.Your application dated: 16.10.2018  
2.Lr.No1909500/2018/TECH-DCA dated: 02-11-2018 of Drugs Inspector  
Narasaraopeta.

I forward herewith the Certificate of Approval of Blood Storage Centre for storage of  
Whole Human Blood IP organized by the M/s. APVVP Community Health Centre, Blood  
Storage Centre, D.No.12-1351, C/o CHC, Maddi Nagar, Chilakaluripet, Guntur District Andhra  
Pradesh subject to the conditions stipulated in Schedule 'K' 5B of Drugs and Cosmetics Act,  
1940 and Rules 1945.



Yours faithfully

DIRECTOR  
DRUGS CONTROL ADMINISTRATION

Copy to: The Deputy Director, Guntur for favour of information  
Copy to: The Assistant Director, Guntur for favour of information  
Copy to: The Drugs Inspector, Narasaraopeta is directed to submit compliance verification  
report.