**To be completed on Official Letter head of the Applicant Hospital**

**ANNEXURE – CLINICAL HAEMATOLOGY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | | **Blood Bank available in-house (Yes/No)**  *If Yes, a valid copy of license to operate a blood bank to be submitted* | |  | |
| **Blood Bank located within campus (Yes/No)** | |  | |
| Hours of operation | |  | |
| Valid License | |  | |
| Handling Capacity | |  | |
| Average blood consumption | |  | |
| Facilities of blood components available | |  | |
| Nature of Blood storage facilities  (Whether as per specifications) | |  | |
| Accreditation by other agencies/quality  certification (Please specify) | |  | |
| **Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Signatures of Head of the Department/ Course Director with stamp** | | **Signature with official stamp of Administrative Head of the Institute/Hospital**  (Authorized signatory on behalf of applicant hospital) | |