**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/qualitycertification (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) |