



No. SBC-5/OBS/NHM-2016
OFFICE OF THE
STATE HEALTH SOCIETY, NHM, MANIPUR

NOTIFICATION

Imphal, the 5th September, 2016.

It is hereby informed to all concerned that the State Level Observance of the **“National Voluntary Blood Donation Day”** will be held on **1st October, 2016** in Imphal. As part of the Observance, **“Mile stone Blood Donors”** who have donated **25 times / more** and **Donor Organizations/ NGOs** who had conducted at least **3 Voluntary Blood Donation Camps / collected more than 100 units of blood** during **October, 2015 to September, 2016** will be felicitated in the Function.

Eligible Voluntary Blood Donors and Donor Organizations/NGOs are hereby informed to submit their blood donation/camp details to the State Blood Cell, NHM- Manipur in the prescribed format through the concerned Blood Bank/s in the State. The Last date of submission of Application Forms is **25th September, 2016 (up to 04:30 p.m).**

Prescribed Application Forms are obtainable from the State Blood Cell, NHM-Manipur (Directorate of Health Services, Manipur, Lamphelpat: Ground Floor Room No.111), Blood Bank: RIMS, JNIMS, Dist. Hospital: Churachandpur and Thoubal or downloadable from the NHM website: www.nrhmmanipur.org

Sd/-

(Dr.O.Ibomcha Singh)

Mission Director.

State Health Society, NHM-Manipur.

A/1: Blood Donors

To

The Mission Director
National Health Mission, Manipur.
(Through the HoD/MO, i/c,
Blood Bank:)

Subject:- Submission of personal Blood Donation details.

Sir,

In pursuance of the State Blood Cell, NHM- Manipur Notification No. SBC-5/OBS/NHM-2016 dated the 5th September, 2016, I beg to submit the details of my blood donation hereunder:

No. of Donation	Date of Donation	Venue of Donation	Blood Bank associated with the donation
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

No. of Donation	Date of Donation	Venue of Donation	Blood Bank associated with the donation
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			

No. of Donation	Date of Donation	Venue of Donation	Blood Bank associated with the donation
47			
48			
49			
50			
51			
52			
53			
54			
55			

Submitted for favour of kind information and necessary action.

Date:

Yours faithfully,

Verified by:

Signature:

Blood Bank:

Name of the Blood Donor

Address:

A/2: Blood Donor Orgn/NGO

To

The Mission Director
National Health Mission, Manipur.
(Through the Blood Bank,)

Subject:- Submission of Blood Donation Camp details.

Sir,

In pursuance of the State Blood Cell, NHM- Manipur Notification No. SBC-5/OBS/NHM-2016 dated the 5th September, 2016, I beg to submit the details of Blood Donation Camps organized by our Organization during the period October 2015 to September, 2016 as hereunder:

Sl. No.	Date of Blood Donation Camp	Venue of Blood Donation Camp	*No. of Blood Units collected	Blood Bank associated with the Donation Camp
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

In case of Camps jointly organized, the no. of Blood Units collected should be distributed equitably among the Organizers.

Submitted for favour of kind information and necessary action.

Date:

Yours faithfully,

Verified by:

Sign (President/Secretary): _____

Blood Bank:

Name of the Organization: _____

Address: _____