



Haemovigilance Programme of India Centre Enrolment Form

Name of the Medical College/Institute/Hospital/Blood Bank	
Address of the Medical College/Institute/Hospital/Blood Bank	
Centre recognised as:- (a) Hospital Based (Government) Blood Bank (b) Hospital Based (Private) Blood Bank (c) Stand Alone Blood Bank	
License Number (Blood Bank)	
Name and address of the nursing homes / hospitals/ to which your blood bank issues blood units (if any)	
Name (Head / Incharge of Transfusion Medicine Department /Blood Bank)	
Contact Number	
Email Address	

Signature & Stamp

(Head / Incharge of Transfusion Medicine Department /Blood Bank)

*** Please Note:** Duly Filled Enrolment Form may be forwarded to National Coordinating Centre -HvPI, NIB, NOIDA via e-mail at haemovigilance@nib.gov.in OR by post as mentioned below:

National Institute of Biologicals

A-32, Sector-62, NOIDA, Uttar Pradesh -201309