



**Haemovigilance Programme of India &
National Blood Donor Vigilance Programme
Centre Enrolment Form**



Name of the Medical College/Institute/Hospital/Blood Bank	
Address of the Medical College/Institute/Hospital/Blood Bank	
Centre recognised as (Government Medical College/Private College/Government Hospital/ Private Medical College/ Private Hospital/Stand Alone Blood Bank/ Charitable /Trust Hospital/Charitable/Trust Institute	
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