



Islamabad Blood Transfusion Authority
Ministry of National Health Services, Regulation and Coordination



APPLICATION FORM FOR REGISTRATION			
Name of Blood Establishment			
Type of Blood Establishment	<input type="checkbox"/> Public	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private non-Profit
	<input type="checkbox"/> Stand-alone Blood Bank	<input type="checkbox"/> Hospital Blood Bank	<input type="checkbox"/> Part of Laboratory
Name of Hospital(s) / Facility (ies) linked with the Blood Establishment			
Name of In-Charge of the Blood Establishment			
Contact Details	Address		
	Phone No. Mobile	Fax No.	E-mail:
Processes Carried out in the Blood Establishment	<input type="checkbox"/> Blood Collection	<input type="checkbox"/> Screening	<input type="checkbox"/> Processing
	<input type="checkbox"/> Immunohaematology	<input type="checkbox"/> Storage	<input type="checkbox"/> Distribution
	<input type="checkbox"/> Transfusion	<input type="checkbox"/> Others	
Bank Draft Receipt No.			
Date	Name	Signature	

Attachments:

- (1) Bank Draft of Rs. 15,000/- in the name of Islamabad Blood Transfusion Authority
- (2) Two recent passport size photos, CNIC copy and academic certificates of In charge Blood Bank
- (3) List of staff with qualification and experience

Postal Address: Islamabad Blood Transfusion Authority
c/o SBTP office, Hostel A, NISTE Building, Sector H-8/1
Near Pak Turk School, Islamabad.
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