

(Note: Please give information of blood donation on letter pad of the institute as per following format – Annexure-I, duly signed by Principal/Director)

Annexure – I –Blood Donation Drive

Name of the institute: _____ **Institute Code:** _____

Name of Principal/Director: _____

Contact No. _____ **Email ID:** _____

Name of Faculty Coordinator: _____

Contact No. _____ **Email ID:** _____

Name of Student Coordinator: _____

Contact No. _____ **Email ID:** _____

Blood Donation Drive

Sr. No	Date of Blood Donation Camps	Total Number of students enrolled in the institute (All Semesters)	No. of students donated blood in blood donation camp			No. Of Students Deferred (See Note No.4)	% blood donation (See Note No.5)
			Boys	Girls	Total		
1	(Odd Semester – July 2014 to Dec 2014)						
2	(Even Semester - Jan 2015 to June 2015)						

Note:

- Please attach the certificate, showing numbers of donors in the camp, duly signed by blood bank authority who conducted blood donation camp at your institute.
- Also give following information
 - 1) Number of students who donated blood for the first time
 - 2) Names of students who are donating blood four times a year
 - 3) Names of students who donated blood more than 5 times & 11 times
 - 4) Number of boys/girls students deferred (not allowed to donate blood due to less haemoglobin or other reasons) in blood donation camp.
 - 5) Total percentage blood donation shall be calculated as below

No. of students donated blood in blood donation camp x 100

Percentage blood donation =

Total Number of students enrolled in the institute (All Semesters)

(Note: Please give information of Thalassemia Awareness & Testing Program on letter pad of the institute as per following format - Annexure-II, duly signed by Principal/Director)

Annexure – II - Thalassemia Awareness & Testing Program

Name of the institute: _____ **Institute Code:** _____

Name of Principal/Director: _____

Contact No. _____ **Email ID:** _____

Name of Faculty Coordinator: _____

Contact No. _____ **Email ID:** _____

Name of Student Coordinator: _____

Contact No. _____ **Email ID:** _____

Thalassemia Awareness & Testing Program

Sr. No	Dates of Thalassemia testing	Total Number of students enrolled in the institute in 1st Year only	No. of students tested for Thalesemia	Thalassemi a Testing (%)	No of students having Thalassemia Minor	Date of Second counselling
1						

Note:

- Attach the certificate duly signed by the authority that carried out Thalassemia testing at your institute.