

Blood Transfusion Services
Punjab State Blood Transfusion Council
O/o Punjab State AIDS Control Society
Deptt. of Health and Family Welfare
Level IV, Prayaas Building), Sector 38-B, Chandigarh
Btspunjab@punjab.gov.in

Ref. No. PSBTC/NVBDD-23/ 84

Dated: 18-07-2023

To

1. Prof & Head, Dept. of Transfusion Medicine, Blood Bank GNDH, GMC, Amritsar , GGSMC, Faridkot and GMC & RH, Patiala,
2. Medical Superintendent, Incharge Civil Hospital, Jalandhar.
3. Principal Medical Officer, BBMB Hospital, Nangal.
4. Secretary, Indian Red Cross Society, Ludhiana Branch.
5. All SMOs I/c Civil Hospital with Blood Centers, Punjab.

Sub: Nominations for awarding the Blood Donor Organizations and Regular Voluntary Blood Donors on the occasion of National Voluntary Blood Donation Day-2023.

Sir/Madam,

On the occasion of National Voluntary Blood Donation Day-2023, we are pleased to request your nominations for esteemed awards that recognize the commendable efforts in the field of Voluntary Blood Donation during the financial year from 1st April 2022 to 31st March 2023.

Kindly submit the names of the following categories of contributors, as per the prescribed criteria mentioned below, using the enclosed Annexure I to 6 formats:

1. **Blood Donor Organizations:** Those who facilitated the donation of more than 2000 Blood Units to Government Blood Centres in the last financial year.
2. **Regular, Voluntary Non-Remunerated Male Blood Donors (Age 18 to 65 Years):** Individuals who donated blood more than 100 times and contributed at least once in Government Blood Centers during the last FY.
3. **Regular, Voluntary Non-Remunerated Female Blood Donors (Age 18 to 65 years):** Individuals who donated blood more than 20 times and also contributed to Government Blood Centers at least once in the last FY.
4. **Couple Blood Donor/Family of Blood Donor:** Families or couples who donated more than 50 units collectively and each member donated once in Government Blood Centers during the last FY.
5. **Specially Able Blood Donor:** Individuals with special abilities who donated blood more than 10 times and also donated in the last FY.
6. **Educational Institutions:** Institutions that provided more than 500 Blood Units to Government Blood Centers during camps in the last FY.

Kindly submit all necessary information on the prescribed format reaches this office no later than 30-07-2023. If there are no nominees in any of the mentioned categories, please submit a nil report using the provided format.

This has been issued with the approval of Director- PSBTC cum PD-PSACS.

For any clarification, you may feel free to contact to this office.

With best wishes.



Additional Project Director,
Punjab State AIDS Control Society

Cc: For information and necessary action please.

1. All Civil Surgeons, Punjab
2. All Medical Superintendants, Govt. Medical Colleges, Punjab
3. All District AIDS Control Officers, Punjab
4. All Blood Transfusion Officers, Incharge, Govt Supported Blood Centers, Punjab.
5. DPO, DAPCU, Amritsar and Ludhiana
6. D.D. SI Division for uploading on PSACS website.

Annexure-I

Voluntary Blood Donor Organizations who arranged more than **2000 Units** of Blood for Govt Blood Centers in the period w.e.f April, 2022 to 31st March, 2023.

S.	Name and Address of Donor Organization (in capital letters)	Name of the President/ Representative with Phone/Mobile (in capital letters)	Phone No/E-mail Id of the Donor Organization	No. of Blood units arranged for Govt Blood Centers.	Remarks

Signature :

Signature :

**I/c Prof & Head / Medical Superintendent
/SMO/Secretary Red Cross/PMO** :

Name of BTO :

Official Stamp :

Name of Hospital :

Annexure-II

Regular Voluntary Male Blood Donors (Age 18 to 65 Years) who donated blood more than 100 times and also donated blood atleast one time for Govt Blood Centers in the period w.e.f. 1st April 2022 to 31st March, 2023.

S.	Name and Address (in capital letters)	Father name (in capital letters)	Phone/Mobile	Total no. of Blood Donations	No. of Blood Donation(s) (with date of Donation) in the said period	Remarks

Signature :

Signature :

**I/c Prof & Head / Medical Superintendent
/SMO/Secretary Red Cross/PMO** :

Name of BTO :

Official Stamp :

Name of Hospital :

Annexure-III

Regular Voluntary Female Blood Donors (Age 18 to 65 years) who have donated blood more than 20 times and also donated blood at least once in Govt Blood Centers in the period w.e.f. 1st April, 2022 to 31st March, 2023.

S.	Name and Address (in capital letters)	Father/Husband Name (in capital letters)	Phone/Mobile	Total no. of Blood Donations	No. of Blood Donation(s) with date in the said period.	Remarks

Signature :

Signature :

I/c Prof & Head / Medical Superintendent
/SMO/Secretary Red Cross/PMO :

Name of BTO :

Official Stamp :

Name of Hospital :

Annexure-IV

Couple Blood Donor/ Family Blood Donors (Age 18 to 65 years) who have donated blood more than 50 times and also donated blood at least once of each member in Govt Blood Centers in the period w.e.f. 1st April, 2022 to 31st March, 2023.

S.	Name and Address (in capital letters)	Father/Husband Name (in capital letters)	Phone/Mobile	Total no. of Blood Donations	No. of Blood Donation(s) with date in the said period.	Remarks

Signature :

Signature :

**I/c Prof & Head / Medical Superintendent
/SMO/Secretary Red Cross/PMO** :

Name of BTO :

Official Stamp :

Name of Hospital :

Annexure-V

Specially Abled Blood Donor (s) (Age 18 to 65 years) who have donated blood more than 10 times and also donated blood at least once in Govt Blood Centers in the period w.e.f. 1st April, 2022 to 31st March, 2023.

S.	Name and Address (in capital letters)	Father/Husband Name (in capital letters)	Phone/Mobile	Total no. of Blood Donations	No. of Blood Donation(s) with date in the said period.	Remarks

Signature :

Signature :

**I/c Prof & Head / Medical Superintendent
/SMO/Secretary Red Cross/PMO** :

Name of BTO :

Official Stamp :

Name of Hospital :

Annexure-VI

Educational Institutions (Universities/Colleges/etc) who have arranged blood more than 500 Units in Govt Blood Centers in the period w.e.f. 1st April, 2022 to 31st March, 2023.

S.	Name of the Institution and Address	Contact Person	Phone/Mobile	Total no. of Blood Donations	Remarks

Signature :

Signature :

**I/c Prof & Head / Medical Superintendent
/SMO/Secretary Red Cross/PMO** :

Name of BTO :

Official Stamp :

Name of Hospital :