



OFFICE OF THE CHIEF EXECUTIVE OFFICER
BLOOD TRANSFUSION AUTHORITY (BTA)
HEALTH DEPARTMENT KHYBER PAKHTUNKHWA



Date: _____

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			
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	
Name of In-charge of the Blood Establishment		Qualification	
Contact Details	Address:		
	Phone No: Land Line: Mobile:	Fax No:	E-mail:

Name: _____ CNIC No.
: _____

Declaration: I hereby solemnly declare that the information provided in this application form is true to the best of my knowledge and intent and that nothing has been falsely stated. I hereby take full responsibility to implement the standards laid down by Khyber Pakhtunkhwa Blood Transfusion Authority and understand that in case of failure to do so, I could be subject to litigation as prescribed by the law.

Signature: _____



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Note:

1. The In-charge of a Blood Establishment must be a Haematologist or a PMDC registered Doctor.
2. Only a single license will be issued in the name of a Haematologist/Doctor.
3. The following documents must be attached with this application form;
 - a) Attested photocopies of CNICs of all the staff members.
 - b) Two photographs of the In-charge of the Blood Establishment.
 - c) Filled and signed Detailed Information Form.
 - d) Policy manual/SOPs of the Blood Establishment.
 - e) Duty roster of technical staff members.
 - f) List of equipment with specifications.
 - g) Attested photocopies of degrees and certificates of all staff.
 - h) Original receipt/challan of registration fee (Rs.10,000/-) deposited in the name of Chief Executive Officer, Khyber Pakhtunkhwa Blood Transfusion Safety Authority in Account No.2000884041 at Khyber Bank, Civil Secretariat Branch, Police Line, Peshawar.
4. Send this application form along with all the documents to the following address;

Khyber Pakhtunkhwa Blood Transfusion Authority,
Regional Blood Centre, Phase IV, Hayatabad, Peshawar.