



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			
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.

Signature: _____

Note: Attach an attested photocopy of your CNIC with the application form.

Office Address: Regional Blood Centre, Phase IV, Hayatabad, Peshawar.
Ph: 091-5813478 Fax: 091-5819243 Email: btakp111@gmail.com