

PRANABANANDA VIDYA MANDIR

BHARAT SEVASHRAM SANGHA
LUMDING, ASSAM

BLOOD DONATION PLEDGE FORM

Name:

Age:

Blood Group:

Gender:

Address:

Contact No:

Email ID:

Declaration:-

I hereby declare that I am ready to donate blood whenever I will be contacted by the School authority. Moreover, I will try to contact and convince others to join PVM BLOOD DONATION FRATERNITY.

Date & Place:-

Full Signature of the Donor