



Bharat Vikas Parishad

Central Office , Pitam Pura, Delhi-110034 , 9810472458

www.bvpbloodhelpline.org, e-mail id- centralmedia@bvpindia.com



BLOOD DONOR PLEDGE FORM

Name Sex Blood Group

Mobile number District

Tehsil Place State

Year of Birth

I hereby take pledge to donate blood voluntarily at the time of need. I also declare that I will not claim anything from Bharat Vikas Parishad in replacement of my blood donation.

Signature
(Name of Blood Donor)



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