ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
BLOOD CENTRE MAIN HOSPITAL
Blood Order & Transfusion Safety (Bots) Id Creation Form

Centre Name / Block Name	
Department / Section / Office Name	
Employee Full Name (In Capital Name)	
Employee Id / Code	
Date Of Birth	
Gender	
Designation	
Date Of Joining	
Date of Contract Expiration	
Mobile No.	
Email Id.	
Address	
Employee's Signature To Certify That All Above Given Information Is True	

Duly Forwarded By: **Head Of Department / Section / Office**

Sign And Stamped

Note: Kindly send completely filled application form E-Office to Professor In-Charge Computer Facility or Mail to piccf@aiims.gov.in