

No: RLJH/ADMN/ / KLR /2024-25


Dt: 06-01-2025


**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized by Anjani Hospital, Malur on 09-01-2025.

1. Blood Center Officer	:	01
2. Dr Pravej Singh	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Ms Sireesha	:	Lab Technician
5. Mr Purushotham	:	Lab Technician
6. Mr Ananda	:	Staff Nurse
7. Mr Suresh	:	Staff Nurse
8. Mr Vijaya Kumar	:	Counselor
9. Ms Geethanjali	:	SDA
10. B.Sc Students	:	03nos
11. MSc	:	02 nos
12. Attender	:	2 nos

The above said staff may be relieved on 09-01-2025 at 8.00 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT  
**BLOOD CENTER OFFICER**  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
R.L. Jalappa Hospital & Research Center  
Tamaka, Kolar

  
Prof & HOD  
Dept. of IHBT  
**BLOOD CENTER OFFICER**  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
R.L. Jalappa Hospital & Research Center  
Tamaka, Kolar

  
Medical Superintendent  
RLJH & RC

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\789\2024-25

Date: 17-01-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by Anjani Hospital, Malur on 09-01-2025  
The camp went well and 147 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT

**BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center,  
Tamaka, Kolar**



R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE



NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP

Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Anjani Hospital, M	Anjani Hospital, M	Mr Krishnappa	
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
09-01-2025	200	Campus	Yes	Yes
Arrival time at Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
7.30am	9.300am	147	147	146
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
01	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	01	01	0	01
Grading of the Camp	Remarks	Signature of Medical Officer		
A+				



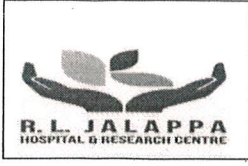
**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**CAMP PHOTO**







R L JALAPPA HOSPITAL & RESEARCH CENTRE  
Dept of Immunoematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\ \2024-25

Date: 03-01-2025

From:  
Professor & HOD  
Dept. of Immunoematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Anjani Hospital, Malur on 09-01-2025.

Thanking you,

2/1/25

Yours sincerely

Professor & HOD, Dept. of IHBT  
**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar





**ಡಾ. ಕಿರಣ್ ಸೋಮಣ್ಣ**, ಎಂ.ಬಿ.ಬಿ.ಎಸ್., ಎಂ.ಡಿ., (PGPN)

ನವಜಾತ ಶಿಶು ಹಾಗೂ ಮಕ್ಕಳ ತಜ್ಞರು

- ◆ ಅಧ್ಯಕ್ಷರು, ಭಾರತೀಯ ವೈದ್ಯಕೀಯ ಸಂಘ, ಮಾಲೂರು
- ◆ ಅಧ್ಯಕ್ಷರು, ಡಾ. ಕಿರಣ್ ಸೋಮಣ್ಣ ಚಾರಿಟಬಲ್ ಟ್ರಸ್ಟ್, ಮಾಲೂರು.

**Dr. KIRAN SOMANNA**, M.B.B.S., M.D. (PGPN)

Pediatrician and Neonatologist

- ◆ President, Indian Medical Association, Malur
- ◆ President, Dr. Kiran Somanna Charitable Trust, Malur.

TO,  
The blood bank officer  
RLTH blood bank, Kolar

02.01.2025

Sir,

Sus: Request to conduct blood donation camp  
on 09.01.2025 at Lingapura, Malur

I, kindly request you to conduct blood  
donation camp on 09.01.2025 at 9.30 AM.  
at Lingapura Village, Malur.

Kindly do the needful.

*For MS  
31/1/25*

ಡಾ|| ಕಿರಣ್ ಸೋಮಣ್ಣ ಚಾರಿಟಬಲ್ ಟ್ರಸ್ಟ್  
ಮಾಲೂರು - 563 130

Contact no: Dr. Kiran Somanna  
99455 10003

99455 10003



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT/482/2024-25

Date: 07-01-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by Scouts and Guides, Kolar on 02-01-2025. The camp went well and 35 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT

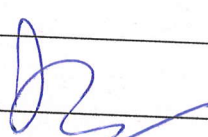
**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE



NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP

Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile /Email
01	Bharath Scouts and Guides Kolar	Bharath Scouts and Guides Kolar	District Secretary	
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
02-01-2025	50	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
9.00am	9.300am	35	35	33
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
02	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of Camp	Remarks	Signature of Medical Officer		
A+				

BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
Rl Jalappa Hospital & Research Center  
Tamaka, Kolar

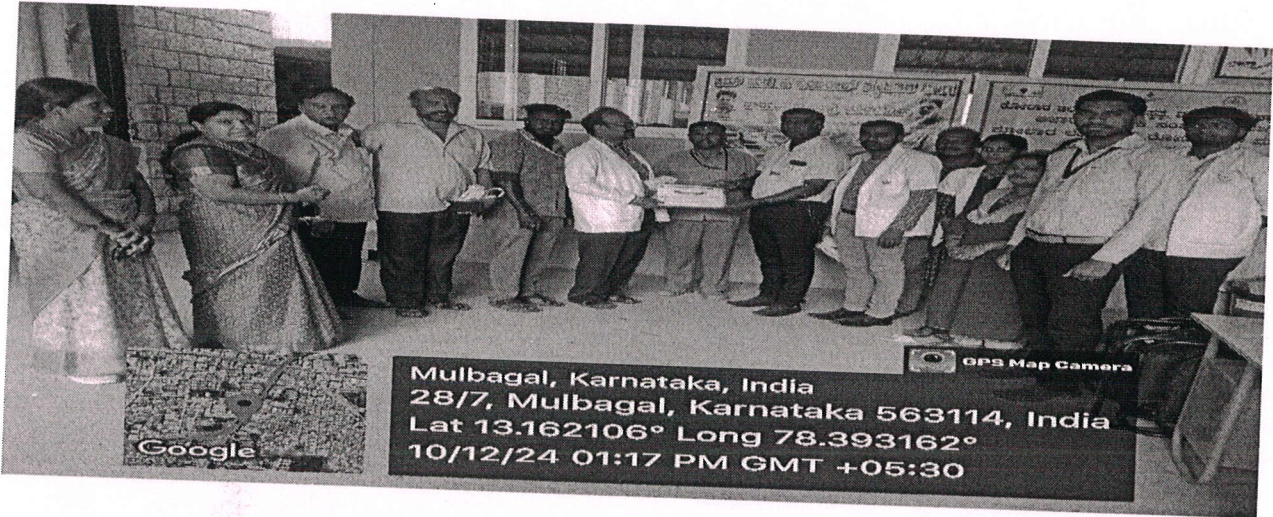


R.L. JALAPPA  
HOSPITAL & RESEARCH CENTRE

# R L JALAPPA HOSPITAL & RESEARCH CENTRE BLOOD CENTRE



## CAMP PHOTO





No: RLJH/ADMN/42 / KLR /2024-25

Dt: 30 -12-2024

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized by Bharath Scouts and Guides, Kolar on 02-01-2025.

1. Blood Center Officer	:	01
2. Dr Pravej Singh	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Mr Arun Kumar	:	Lab Technician
5. Mr Purushotham	:	Lab Technician
6. Mr Ananda	:	Staff Nurse (2)
7. Mr Vijaya Kumar	:	Counselor
8. B.Sc Students	:	03nos
9. MSc	:	02 nos
10. Attender	:	1 nos

The above said staff may be relieved on 02-01-2025 at 9.00 am to attend the camp.

Camp In-Charge  
Dept. of IHBT

Prof & HOD  
Dept. of IHBT

**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Centre  
Tamaka, Kolar

Medical Superintendent  
RLJH & RC

30/12

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE**  
**Dept of Immunohematology and Blood**  
**Tamaka, Kolar**



No: RLJH\KLR\IHBT\ <sup>438</sup>2024-25

Date: 30-12-2024

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

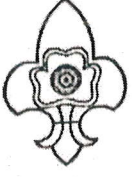
As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Bharath Scouts and Guides, Kolar at Mahila Samaja Degree College on 02-01-2025

Thanking you,

Yours sincerely

Professor & HOD , Dept. of IHBT  
**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar





1919

**ಭಾರತ್ ಸ್ಕೌಟ್ಸ್ ಮತ್ತು ಗೈಡ್ಸ್ - ಕರ್ನಾಟಕ**  
**ಜಿಲ್ಲಾ ಸಂಸ್ಥೆ, ಕೋಲಾರ.**

ಸ್ಕೌಟ್ಸ್ ಭವನ, ನಗರಸಭೆ ಆವರಣ, ಕೋಲಾರ-563 101.

M: 7019860922, 9902890534 E-mail: bsgkolar.1936@gmail.com



ಪತ್ರ ಸಂಖ್ಯೆ : ಐ.ಎಸ್.ಜಿ/ಡಿ.ಹೆಚ್.ಕಲ್ಯಾ/ ಕೋಲಾರ

ದಿನಾಂಕ... 26/12/2024

To

The Blood Centre Officer

R L Jalappa Blood Centre

Kolar

**SUB: Regarding Blood Donation Camp at Mahila Samaja Degree College College.**

Respected Sir

With respect to the above subject we are organizing Voluntary Blood Donation Camp on 02/01/2025 at Mahila Samaja Degree College Kolar in association with Rotary Kolar Nandhini and Mahila Samaja Degree College. We are requesting you to kindly send your blood centre staffs with required Equipments.

Thanking You

Yours Faithfully

District Secretary

Bharath Scouts and Guides Kolar



No: RLJH/ADMN/AGD / KLR /2024-25

Dt: 17-01-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized by  
PHC Kurigepalli, Srinivaspur on 20-01-2025.

1. Blood Center Officer	:	01
2. Dr Pravej Singh	:	Post Graduate
3. Mr Purushotham	:	Lab Technician
4. Mr Ananda	:	Staff Nurse
5. Mr Suresh Hithesh,	:	Staff Nurse
6. Mr Vijaya Kumar	:	Counselor
7. Ms Geethanjali	:	SDA
8. B.Sc Students	:	03nos
9. MSc	:	02 nos
10. Attender	:	2 nos

MBBS Interns

3 nos

The above said staff may be relieved on 20-01-2025 at 8.00 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT

  
Prof & HOD  
Dept. of IHBT

  
Medical Superintendent  
RLJH & RC

**BLOOD CENTER OFFICER**  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

**Resident Medical Officer**  
R.L.J. Hospital & Research Centre  
Tamaka, Kolar-563 103

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\468\2024-25

Date: 22-01-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by PHC Kurigepalli, Srinivaspur on 20-01-2025. The camp went well and 37 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT

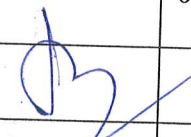
**BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar**



R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE



NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP

Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	PHC Kurigepalli, Srinivasapur	PHC Kurigepalli, Srinivasapur on	Medical Officer	
<b>Date of Blood Donation camp</b>	<b>No. of Blood Donors expected</b>	<b>Venue of Proposed camp</b>	<b>Availability of Infra-structure facilities</b>	<b>IEC material Provided to Organizers</b>
20-01-2025	50	Campus	Yes	Yes
<b>Arrival time of Camp venue</b>	<b>Starting time of Camp</b>	<b>No. of Blood Donors enrolled</b>	<b>No. of Blood Donors Donated</b>	<b>Male Donors (A)</b>
8.00am	9.300am	37	37	37
<b>Female Donors (B)</b>	<b>No. of Blood Donors Deferred</b>	<b>No. of Donors Reaction</b>	<b>Finishing time at camp</b>	<b>Donor Certificate Provided</b>
0	0	nil	4 pm	Yes
<b>Donor Badge /pin Provided</b>	<b>% sero reactivity for HIV</b>	<b>% sero-reactivity for HBV</b>	<b>% sero-reactivity for HCV</b>	<b>% reactive for Syphills</b>
Yes	01	0	0	01
<b>Grading of Camp</b>	<b>Remarks</b>	<b>Signature of Medical Officer</b>		
A+				

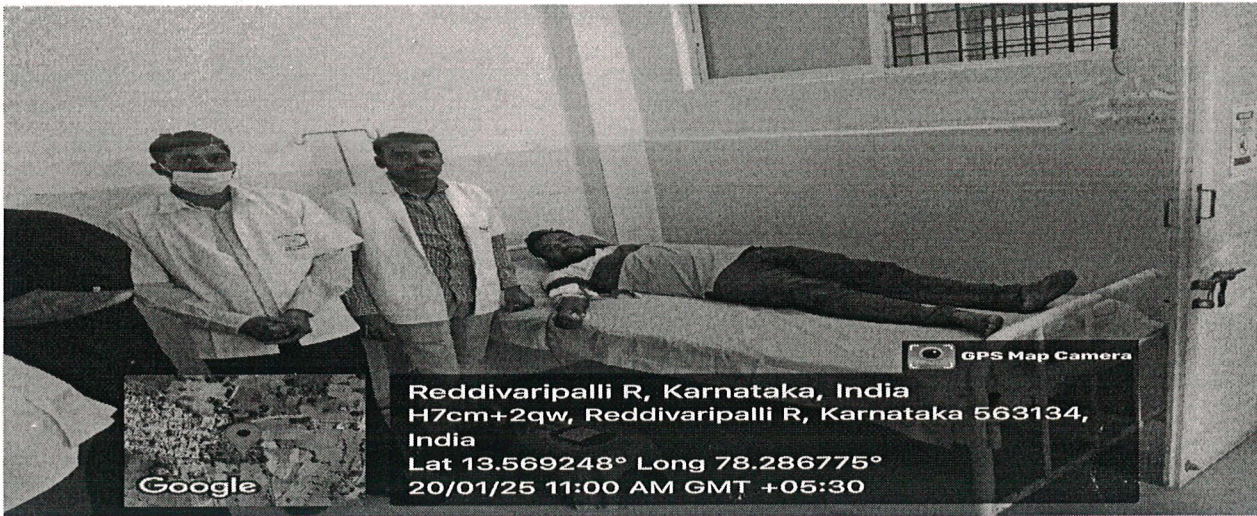
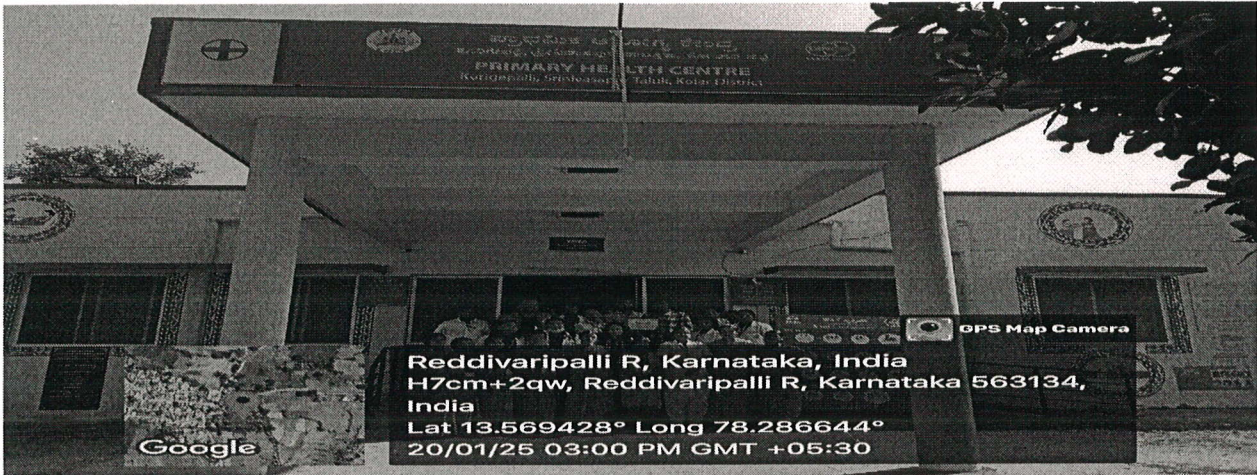
RECEIVED  
R. L. JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE  
Srinivasapur  
01/01/2025



# R L JALAPPA HOSPITAL & RESEARCH CENTRE BLOOD CENTRE



## CAMP PHOTO







R L JALAPPA HOSPITAL & RESEARCH CENTRE  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\ 2024-25

Date: 17-01-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by PHC Kurigepalli, Srinivaspur on 20-01-2025.

Thanking you,

Yours sincerely

Professor & HOD , Dept. of IHBT  
**BLOOD CENTER OFFICER**  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar





ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ವೈದ್ಯಾಧಿಕಾರಿಗಳ ಕಾರ್ಯಾಲಯ, ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ, ಕೂರಿಗೇಪಲ್ಲಿ  
ಶ್ರೀನಿವಾಸಪುರ ತಾಲ್ಲೂಕು ಕೋಲಾರ ಜಿಲ್ಲೆ.

ಇ-ಮೇಲ್ ಸಂಖ್ಯೆ: phckurigepalli23716@gmail.com

ಸಂಖ್ಯೆ:ಪ್ರಾ.ಆ.ಕೇಂ/ಸು/22/2024-25

ದಿನಾಂಕ:16/01/2025

ರವರಿಗೆ,

ವ್ಯವಸ್ಥಾಪಕರು

ರಕ್ತನಿಧಿ ಕೇಂದ್ರ, ಆರ್.ಎಲ್. ಜಾಲಪ್ಪ ಆಸ್ಪತ್ರೆ

ಕೋಲಾರ

ಮಾನ್ಯರೇ,

ವಿಷಯ: ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ, ಕೂರಿಗೇಪಲ್ಲಿಯಲ್ಲಿ ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು ಹಮ್ಮಿಕೊಂಡಿರುವ ಬಗ್ಗೆ.

\*\*\*\*

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ, ಕೂರಿಗೇಪಲ್ಲಿ ಶ್ರೀನಿವಾಸಪುರ ತಾಲ್ಲೂಕು ಕೋಲಾರ ಜಿಲ್ಲೆ ಇಲ್ಲಿ ದಿನಾಂಕ:20-01-2025ರ ಸೋಮವಾರದಂದು ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು ಹಮ್ಮಿಕೊಂಡಿದ್ದು, ಸದರಿ ರಕ್ತದಾನ ಶಿಬಿರಕ್ಕೆ ಅಗತ್ಯ ಕ್ರಮಗಳು ಹಾಗೂ ತಮ್ಮ ಸಿಬ್ಬಂದಿಯೊಂದಿಗೆ ಹಾಜರಿದ್ದು, ಶಿಬಿರವನ್ನು ಯಶಸ್ವಿ ಮಾಡಬೇಕೆಂದು ಈ ಪತ್ರದ ಮುಖೇನ ತಮ್ಮಲ್ಲಿ ಕೋರಿದೆ.

ಸಹಿ

ವೈದ್ಯಾಧಿಕಾರಿಗಳು  
ಪ್ರಾ.ಆ.ಕೇಂದ್ರ, ಕೂರಿಗೇಪಲ್ಲಿ  
ಶ್ರೀನಿವಾಸಪುರ ತಾಲ್ಲೂಕು

ಪ್ರತಿಯನ್ನು,

- 1) ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣಾಧಿಕಾರಿಗಳು, ಕೋಲಾರ ರವರ ಮಾಹಿತಿಗಾಗಿ ಸಲ್ಲಿಸಿದೆ.
- 2) ತಾಲ್ಲೂಕು ಆರೋಗ್ಯಾಧಿಕಾರಿಗಳು, ಶ್ರೀನಿವಾಸಪುರ ರವರ ಮಾಹಿತಿಗಾಗಿ ಸಲ್ಲಿಸಿದೆ.
- 3) ಪಂಚಾಯತಿ ಅಭಿವೃದ್ಧಿ ಅಧಿಕಾರಿಗಳು, ಕೂರಿಗೇಪಲ್ಲಿ ಗ್ರಾಮ ಪಂಚಾಯತಿಯವರ ಮಾಹಿತಿಗಾಗಿ ಸಲ್ಲಿಸಿದೆ.
- 4) ಕಛೇರಿ ಪ್ರತಿ.



No: RLJH/ADMN/ / KLR /2024-25


Dt: 21-01-2025


**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized by Scouts and Guides, Kolar on 24-01-2025.

1. Blood Center Officer	:	01
2. Dr Pravej Singh	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Mr. Mahendra	:	Lab Technician
5. Mr Ananda	:	Staff Nurse
6. Mr Hitheh	:	Staff Nurse
7. Mr Vijaya Kumar	:	Counselor
8. Ms Geethanjali	:	SDA
9. B.Sc Students	:	03nos
10. MSc	:	02 nos
11. Attender	:	2 nos

The above said staff may be relieved on 24-01-2025 at 8.30 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT  
**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
TAMAKA, KOLAR

  
Prof & HOD  
Dept. of IHBT  
**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
TAMAKA, KOLAR

  
Medical Superintendent  
RLJH & RC

Resident Medical Officer  
R.L.J. Hospital & Research Centre  
TAMAKA, KOLAR-563 103

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE**  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\465\2024-25

Date: 21-01-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

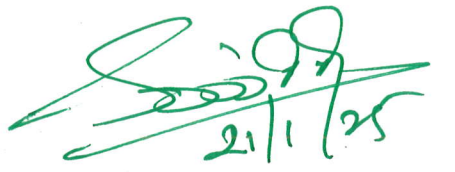
To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

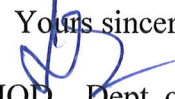
Respected Sir,

Sub: Blood Donation camp regarding.

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Scouts and Guides, Kolar on 24-01-2025.

Thanking you,

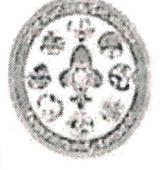
  
Resident Medical Officer  
R.L.J. Hospital & Research Centre  
Tamaka, Kolar-563 103

Yours sincerely  
  
Professor & HOD, Dept. of IHBT  
**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar





ಭಾರತ್ ಸ್ಕೌಟ್ಸ್ ಮತ್ತು ಗೈಡ್ಸ್ ಕರ್ನಾಟಕ  
ಜಿಲ್ಲಾ ಸಂಸ್ಥೆ-ಕೋಲಾರ



ಸ್ಕೌಟ್ ಭವನ,ನಗರಸಭೆ ಆವರಣ (ಟಿ.ಚನ್ನಯ್ಯ ರಂಗಮಂದಿರ ಒಂಭಾಗ),ಕೋಲಾರ-563101:7019860922

Mail: bsgkolar1919@gmail.com; F.B: Bsg kolara; youtube: bsgkolar

ಇ-ಮೇಲ್: bsgkolar1919@gmail.com

ದಿನಾಂಕ: 21/01/2025

ರವರಿಗೆ,

ಮಾನ್ಯ ವೈದ್ಯಾಧಿಕಾರಿಗಳು

ಆರ್.ಎಲ್.ಜಾಲಪ್ಪ ರಕ್ತನಿಧಿ ಕೇಂದ್ರ,

ಕೋಲಾರ ಜಿಲ್ಲೆ.

ಮಾನ್ಯರೇ,

ವಿಷಯ: ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು ಆಯೋಜಿಸಿರುವ ಬಗ್ಗೆ.

ಮೆಲ್ಬಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ಭಾರತ್ ಸ್ಕೌಟ್ಸ್ ಮತ್ತು ಗೈಡ್ಸ್ ಕೋಲಾರ , ಕೆ.ಸಿ.ಡಿ.ಎ ಮತ್ತು ರೋಟರಿ ಕೋಲಾರ ನಂದಿನಿ ಇವರ ಸಂಯುಕ್ತ ಆಶ್ರಯದಲ್ಲಿ ದಿನಾಂಕ 24-01-2025 ಶುಕ್ರವಾರ ರಂದು ನಗರದ ಸ್ಕೌಟ್ ಭವನದಲ್ಲಿ ಬೆಳಿಗ್ಗೆ 9 ಗಂಟೆಯಿಂದ 3 ಗಂಟೆ ವರೆಗೆ ಸ್ವಯಂ ಪ್ರೇರಿತ ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು ಆಯೋಜಿಸಲಾಗಿದೆ, ತಾವು ತಮ್ಮ ಸಂಸ್ಥೆಯ ವೈದ್ಯರು ಮತ್ತು ತಂಡವನ್ನು ಕಳುಹಿಸಿಕೊಡಬೇಕಾಗಿ ವಿನಂತಿ.

ಸ್ಕೌಟ್ಸ್ ಗೈಡ್ಸ್ ವಂದನೆಗಳೊಂದಿಗೆ

ಇಂತಿ ವಿಶ್ವಾಸಿ

(ಬಾಬು.ವಿ)

ಜಿಲ್ಲಾ ಸಹ ಕಾರ್ಯದರ್ಶಿ





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\481\2024-25

Date: 27-01-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by Scouts and Guides, Kolar on 24-01-2025.  
The camp went well and 51 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT

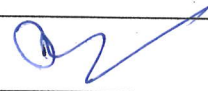
BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE



NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP

Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Scouts and Guides, Kolar	Scouts and Guides, Kolar		-
<b>Date of Blood Donation camp</b>	<b>No. of Blood Donors expected</b>	<b>Venue of Proposed camp</b>	<b>Availability of Infra-structure facilities</b>	<b>IEC material Provided to Organizers</b>
24-01-2025	100	Campus	Yes	Yes
<b>Arrival time of Camp venue</b>	<b>Starting time of Camp</b>	<b>No. of Blood Donors enrolled</b>	<b>No. of Blood Donors Donated</b>	<b>Male Donors (A)</b>
9.00am	9.30am	51	51	49
<b>Female Donors (B)</b>	<b>No. of Blood Donors Deferred</b>	<b>No. of Donors Reaction</b>	<b>Finishing time at camp</b>	<b>Donor Certificate Provided</b>
02	0	nil	4 pm	Yes
<b>Donor Badge /pin Provided</b>	<b>% sero reactivity for HIV</b>	<b>% sero-reactivity for HBV</b>	<b>% sero-reactivity for HCV</b>	<b>% reactive for Syphills</b>
Yes	0	0	0	0
<b>Grading of t Camp</b>	<b>Remarks</b>	<b>Signature of Medical Officer</b>		
A+				



# R L JALAPPA HOSPITAL & RESEARCH CENTRE BLOOD CENTRE



## CAMP PHOTO







R L JALAPPA HOSPITAL & RESEARCH CENTRE  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT 471 \2024-25

Date: 21-01-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Swabhimani Janatha Party, Malur on 26-01-2025.

Thanking you,

Resident Medical Officer  
R.L.J. Hospital & Research Centre  
Tamaka, Kolar

Yours sincerely

Professor & HOD, Dept. of IHBT

BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



# S J P ಸ್ವಾಭಿಮಾನಿ ಜನತಾ ಪಕ್ಷ

## ಮಾಲೂರು ವಿಧಾನಸಭಾ ಕ್ಷೇತ್ರ

ವಿಳಾಸ : ಕೃಷ್ಣ ಕಾಂಕ್ಷಣ್, ಬೋಕ್ಕಂದವಳ್ಳಿ ಗೇಟ್, ಪಂಜಾಬ್ನಿ ಅಫೀಸ್ ಮುಖ್ಯಾಂಗ, ಪೊಸಕೋಟೆ ಮುಖ್ಯ ರಸ್ತೆ ಮಾಲೂರು, ಕೋಲಾರ - 563 130

ತಾಲ್ಲೂಕು ಅಧ್ಯಕ್ಷರು : ಆರ್.ಪ್ರಭಾಕರ್ ಪೋನ್: 9448047808, -ಕಚೇರಿ:7411533173

ಕ್ರ.ಸಂಖ್ಯೆ:

ದಿನಾಂಕ:

ರವರಿಗೆ

ವ್ಯವಸ್ಥಾಪಕರು

ರಕ್ತನಿಧಿ ಕೇಂದ್ರ, ಆರ್.ಎಲ್.ಜಾಲಪ್ಪ ಆಸ್ಪತ್ರೆ

ಕೋಲಾರ

ಇವರಿಂದ

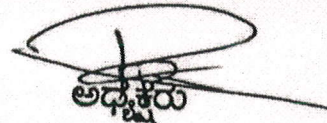
ಅಧ್ಯಕ್ಷರು. ಆರ್.ಪ್ರಭಾಕರ್

ಸ್ವಾಭಿಮಾನಿ ಜನತಾ ಪಕ್ಷ

ಮಾಲೂರು ತಾಲ್ಲೂಕು

ವಿಷಯ: ಸ್ವಾಭಿಮಾನಿ ಜನತಾ ಪಕ್ಷದ, ಮಾಲೂರು. ವತಿಯಿಂದ ರಕ್ತದಾನ ಹಾಗೂ ಆರೋಗ್ಯ ಶಿಬಿರವನ್ನು ಹಮ್ಮಿಕೊಂಡಿರುವ ಬಗ್ಗೆ

ಈ ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ದಿನಾಂಕ 26/01/2025 ಗಣರಾಜ್ಯೋತ್ಸವ ದಿನ ಮಾಲೂರು ನಗರದ, ವೈಟ್ ಗಾರ್ಡನ್ ಮೈದಾನದಲ್ಲಿ, ಸಪ್ತಗಿರಿ ಆಸ್ಪತ್ರೆ, ಬೆಂಗಳೂರು ಮತ್ತು ಸ್ವಾಭಿಮಾನಿ ಜನತಾ ಪಕ್ಷದ ವತಿಯಿಂದ, ಬೃಹತ್ ಆರೋಗ್ಯ ತಪಾಸಣಾ, ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಮತ್ತು ಬೃಹತ್ ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು ಹಮ್ಮಿಕೊಂಡಿದ್ದು, ಸದರಿ ರಕ್ತದಾನ ಶಿಬಿರಕ್ಕೆ ಅಗತ್ಯ ಕ್ರಮಗಳು, ಹಾಗೂ ಸಿಬ್ಬಂದಿಯೊಂದಿಗೆ ಹಾಜರಿದ್ದು, ಶಿಬಿರವನ್ನು ಯಶಸ್ವಿ ಮಾಡಬೇಕೆಂದು ಈ ವತ್ತದ ಮುಖೇನ ತಮ್ಮಲ್ಲಿ ಕೋರಿದೆ.

  
ಅಧ್ಯಕ್ಷರು

ಸ್ವಾಭಿಮಾನಿ ಜನತಾ ಪಕ್ಷ  
ಮಾಲೂರು ವಿಧಾನಸಭಾ ಕ್ಷೇತ್ರ



No: RLJH/ADMN/ / KLR /2024-25

Dt: 21-01-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized by Swabhimani Janatha Party, Malur on 26-01-2025.

1. Blood Center Officer	:	01
2. Dr Pravej Singh	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Mr Purushotham	:	Lab Technician
5. Mr Ananda	:	Staff Nurse
6. Mr Hithesh	:	Staff Nurse
7. Mr Vijaya Kumar	:	Counselor
8. Ms Geethanjali	:	SDA
9. MBBS Students	:	05
10. B.Sc Students	:	04
11. MSc	:	03
12. Attender	:	02

The above said staff may be relieved on 26-01-2025 at 8.00 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT

  
Prof & HOD  
Dept. of IHBT

  
Medical Superintendent  
RLJH & RC

BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Centre  
Tamaka, Kolar

BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Centre  
Tamaka, Kolar

Resident Medical Officer  
R.L.J. Hospital & Research Centre  
Tamaka, Kolar-563 103

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT/481/2024-25

Date: 27-01-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by Swabhimani Janatha Party, Malur on 26-01-2025. The camp went well and 37 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT

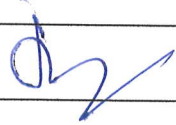
**BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
R.L. Jalappa Hospital & Research Center  
Tamaka, Kolar**



R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE



NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP

Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Swabhimani Janatha Party, Malur	Swabhimani Janatha Party, Malur		
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
26-01-2025	100	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
8.00am	9.00am	37	37	35
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
02	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of t Camp	Remarks	Signature of Medical Officer		
A+				



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**CAMP PHOTO**







R L JALAPPA HOSPITAL & RESEARCH CENTRE  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\479\2024-25

Date: 27-01-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Shree S.P.Health Care, Budikote on 31-01-2025.

Thanking you,

Yours sincerely

Professor & HOD , Dept. of IHBT

**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

*[Handwritten signature in green ink]*  
27/1/25



ಶ್ರೀ ಎನ್.ಪಿ. ಹೆಲ್ತ್ ಕೇರ್

SHREE S.P. HEALTH CARE



ಶ್ರೀ ಎನ್.ಪಿ. ಹೆಲ್ತ್ ಕೇರ್ ಮಂಡಳಿ, ಬುದಿಕೋಟೆ - 563114 ಬೆಂಗಳೂರು ನಗರ.

Mod: 8310661852

24 Hours Service

25/01/2025

TO,

THE MANAGER

BLOOD BANK, RLTH HOSPITAL  
KOLAR

FROM,

Dr. ABHISHEK P  
S.P. CLINIC & LAB  
OPP. BUDIKOTE POST OFFICE,  
BUDIKOTE VILLAGE,  
BANGARPET (T), KOLAR-563101  
Ph no - 8626068626

Respected Sir/Madam

Sub:- For conducting Blood donation Camp  
in our clinic on 31/1/25 (Friday)

With respect to above Subject, As we are opening our  
Clinic (S.P. HEALTHCARE) Reg no bearing (KLR00523ALCDS)  
on 31/1/2025 (FRIDAY) <sup>9:00 AM to 2:00 PM</sup> We are planning to conduct NH  
Heart Camp & also free general checkup. So, on this  
occasion conducting a Blood donation Camp would  
be a good initiative. So, I kindly request you  
to do the needful

Thank you

Yours faithfully  
*Abhishek P*

Dr. ABHISHEK. P.  
Reg No. 123597  
S P CLINIC, BUDIKOTE

Date: 25/01/2025  
PLACE: KOLAR



No: RLJH/ADMN/ / KLR /2024-25


Dt: 27-01-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized by S.P.Health Care, Budikote on 31-01-2025

1. Blood Center Officer	:	01
2. Dr Pravej Singh	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Mr Purushottam	:	Lab Technician
5. Mr Ananda	:	Staff Nurse
6. Mr Hitheh	:	Staff Nurse
7. Mr Vijaya Kumar	:	Counselor
8. Ms Geethanjali	:	SDA
9. B.Sc Students	:	02nos
10. MSc	:	02 nos
11. Attender	:	2 nos

The above said staff may be relieved on 27-01-2025 at 8.30 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT

  
Prof & HOD  
Dept. of IHBT

  
Medical Superintendent  
RLJH & RC

**BLOOD CENTER OFFICER**  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Centre  
Tamaka, Kolar

Pending

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\486\2024-25

Date: 01-02-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by S.P.Health Care, Budikote on 31-01-2025.  
The camp went well and 30 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT

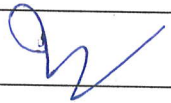
**BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar**



R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE



NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP

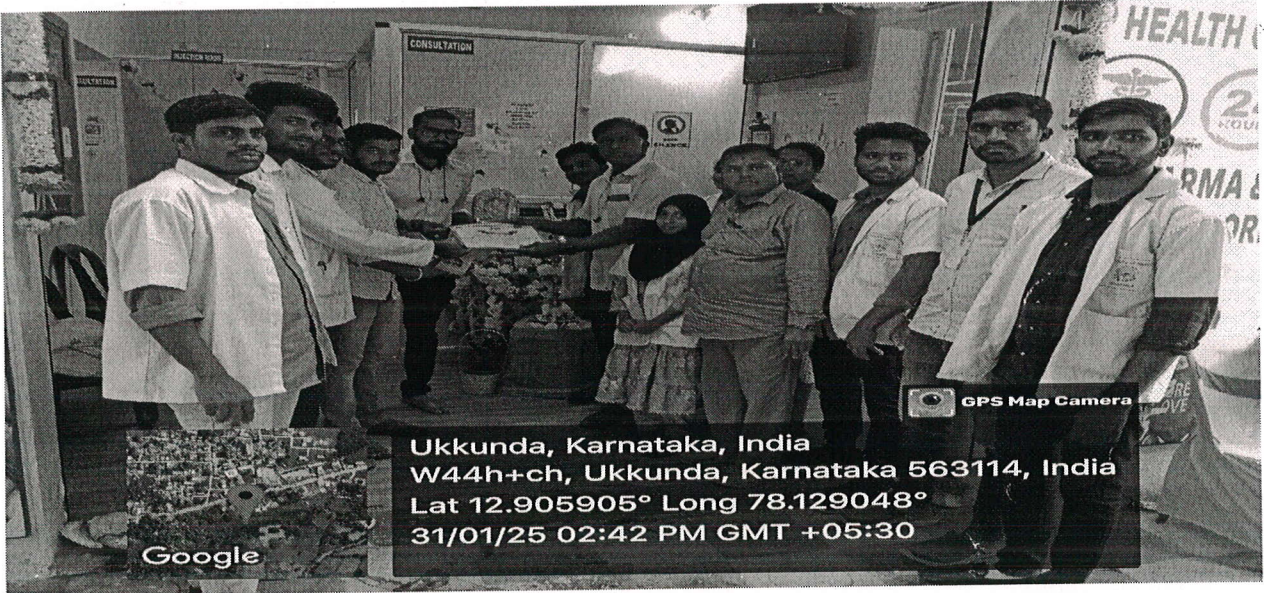
Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	S.P.Health Care, Budikote	S.P.Health Care, Budikote	-	-
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
31-01-2025	50	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
8.30.00am	9.00am	30	30	29
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
01	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of the Camp	Remarks	Signature of Medical Officer		
A+				



# R L JALAPPA HOSPITAL & RESEARCH CENTRE BLOOD CENTRE



## CAMP PHOTO





No: RLJH/ADMN/ / KLR /2024-25

Dt: 28 -02-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized by Teachers Friends Union, Bangarpet on 01-03-2025.

1. Blood Center Officer	:	01
2. Dr Gokul	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Ms Priyanka	:	Lab Technician
5. Mr Irshad Pasha	:	Lab Technician
6. Mr Hitesh	:	Staff Nurse
7. Mr Vijaya Kumar	:	Counselor
8. B.Sc Students	:	03nos
9. Attender	:	1 nos

The above said staff may be relieved on 01-03-2025 at 8.30 am to attend the camp.

Camp In-Charge  
Dept. of IHBT

Prof & HOD  
Dept. of IHBT

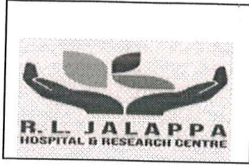
BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

Medical Superintendent  
RLJH & RC

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





R L JALAPPA HOSPITAL & RESEARCH CENTRE  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\520\2024-25

Date: 27-02-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

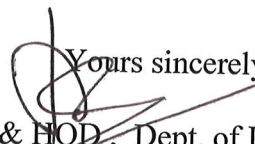
Sub: Blood Donation camp regarding.

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Teachers Friends Union, Bangarpet on 01-03-2025.

Thanking you,

  
27/2/25

**Resident Medical Officer**  
R.L.J. Hospital & Research Centre  
Tamaka, Kolar-563 103

Yours sincerely  
  
Professor & HOD, Dept. of IHBT  
**BLOOD CENTER OFFICER**  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



TO

26/02/25

Medical officer  
SDMC Blood bank  
Kolar.

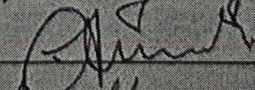
From:

Teachers friends Union  
Bangalorepet

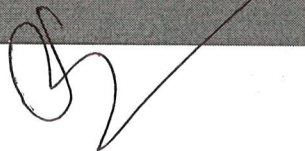
Sub: Blood donation camp on  
1<sup>st</sup> march 9:30am

I kindly request with you regarding  
cited above subject that we want to organise a  
Blood donation camp on 1<sup>st</sup> march at AVK Marriage  
Bangalorepet, near "Shyam nursing home, Bangalorepet  
9:30 am. So I kindly request with you to  
come on donation date with your team. We are  
happy with your service as always.  
Thanking you.

26/02/25.  
Bangalorepet.

Yours faithfully,  
  
Ashwath.

953527991  
Umesh/Shivakumar  
9448943684







in:sent



- 99+
- Compose
- Mail
- Inbox 446
- Starred
- Chat
- Snoozed
- Meet
- Important
- Sent
- Drafts 468
- Categories
- More

Labels

- E
- Formats of Blood bank
- NABH Hospital
- Thermophenpol



### Requesting for posting of PG for Blood donation camp



**Blood Bank SDUMC** <bloodbank@sdumc.ac.in>  
to Pathology

9:04 AM (t

Sir,

We are hereby requesting to post one PG for voluntary blood donation camp at bangarpet on 01-03-2025.

Kindly do the needful.

Thanking you,

IHBT

Reply

Forward





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT *328* \2024-25

Date: 04-03-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by Teachers Friends Union, Bangarpet on 01-03-2025. The camp went well and 51 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

*[Signature]*  
Professor & HOD, IHBT

**BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar**



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP**

Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Teachers Friends Union, Bangarpet	Teachers Friends Union, Bangarpet	Mr Aswath	9535127991
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
01-03-2025	100	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
8.00.00am	9.00am	51	51	51
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
0	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of Camp	Remarks	Signature of Medical Officer		
A+				



# R L JALAPPA HOSPITAL & RESEARCH CENTRE BLOOD CENTRE



## CAMP PHOTO







**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\ *STE* 2024-25

Date: 24-02-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized college of Horticulture on 21-02-2025.  
The camp went well and 74 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT

**BLOOD CENTER OFFICER**

**RLJH BLOOD CENTER**

(Under Department of Pathology)

RL Jalappa Hospital & Research Center

**Tamaka, Kolar**



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**

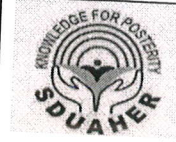


**NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP**

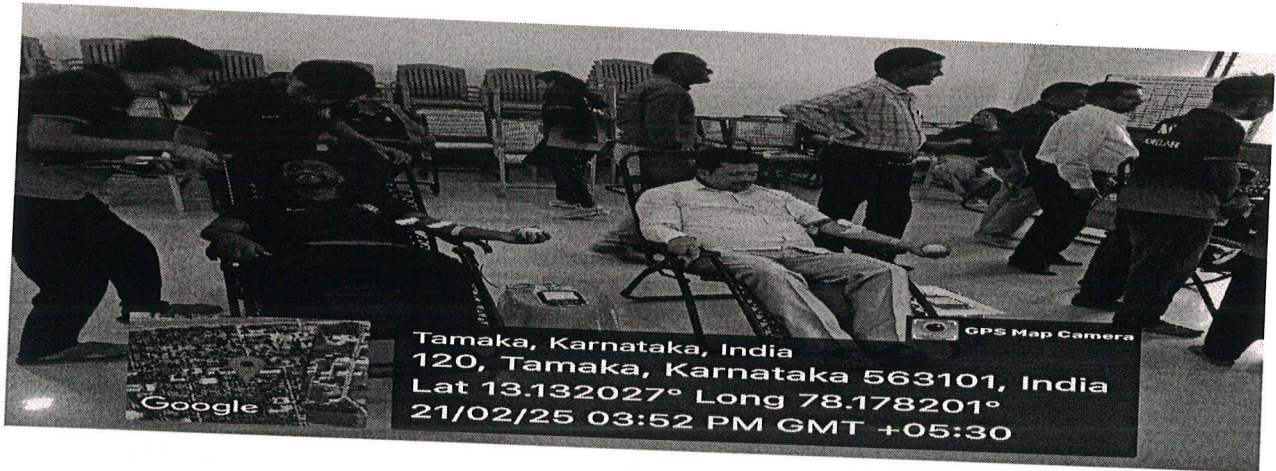
Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	College of Horticulture Kolar	College of Horticulture Kolar	Dr Nagaraj	7026112407
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
21-02-2025	100	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
12.30pm	6.00 pm	74	74	64
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
10	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of Camp	Remarks	Signature of Medical Officer		
A+				



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**CAMP PHOTO**







Blood Bank SDUMC <bloodbank@sdumc.ac.in>

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**Request for organizing the Blood Donation Camp at COH, Kolar on 21.02.2025-reg.**

2 messages

---

**UHSB DEAN.COH KOLAR** <dean.cohkolar@uhsbagalkot.edu.in>  
To: "bloodbank@sdumc.ac.in" <bloodbank@sdumc.ac.in>

Thu, Feb 20, 2025 at 10:58 AM

To  
The Blood Bank Officer,  
R.L. Jalappa Research Hospital,  
Dept. of Immuno Hematology and Blood Transfusion,  
Tamaka,  
KOLAR

Sir,

Sub:Request for organizing the Blood Donation Camp at COH, Kolar on 21.02.2025-reg.

With respect to the above cited subject, We request you to kindly organize the Blood Donation Camp at College of Horticulture, Tamaka, Kolar on 21.02.2025.

Thanking you

Yours faithfully

**Dr. VENKATESHALU**

**DEAN**

**College of Horticulture,**

**NH - 75, Tamaka,**

**Kolar -563103,**

**Karnataka, India**

**email: dean.cohkolar@uhsbagalkot.edu.in**

**cohkolar@gmail.com**

**Phone No: 08152-243208**

**Mobile : 9480696384**

---

**Blood Bank SDUMC** <bloodbank@sdumc.ac.in>

Draft To: "UHSB DEAN.COH KOLAR" <dean.cohkolar@uhsbagalkot.edu.in>

Thu, Feb 20, 2025 at 3:46 PM

+

[Quoted text hidden]





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\ 517 \2024-25

Date: 24-02-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized PHC Vokkaleri on 17-02-2025. The camp went well and 38 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

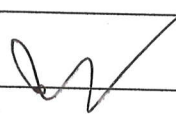
**Professor & HOD, IHBT**  
**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
**(Under Department of Pathology)**  
**RL Jalappa Hospital & Research Center**  
**Tamaka, Kolar**



R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE



NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP

Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	PHC Vokkaleri	PHC Vokkaleri	-	-
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
17-02-2025	50	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
8.30am	9.30am	41	41	38
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
03	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of Camp	Remarks	Signature of Medical Officer		
A+				



# R L JALAPPA HOSPITAL & RESEARCH CENTRE BLOOD CENTRE



## CAMP PHOTO







ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ವೈದ್ಯಾಧಿಕಾರಿಗಳ ಕಾರ್ಯಾಲಯ, ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ ವಕ್ಕಲೇರಿ  
ಕೋಲಾರ ತಾಲ್ಲೂಕು ಮತ್ತು ಜಿಲ್ಲೆ

ದೂರವಾಣಿ ಸಂಖ್ಯೆ: 08152-297211

ಇ-ಮೇಲ್: amophcvakkaleri@gmail.com

ಸಂಖ್ಯೆ:ಪ್ರಾ.ಆ.ಕೇ/ವ/10/24/25

ದಿನಾಂಕ: 14/02/2025

ರವರಿಗೆ,

ನಿರ್ದೇಶಕರು

ಬೆಂಗಳೂರು ಉತ್ತರ ವಿಶ್ವವಿದ್ಯಾಲಯ

ಮಂಗಳೂರು

ಮಾನ್ಯರೆ

ವಿಷಯ: 17 -02-2025 ರಂದು ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ, ವಕ್ಕಲೇರಿ ವ್ಯಾಪ್ತಿಯ ತಮ್ಮ ವಿಶ್ವವಿದ್ಯಾಲಯ ಆವರಣದಲ್ಲಿ ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು ಹಮ್ಮಿಕೊಂಡಿರುವ ಬಗ್ಗೆ.

\*\*\*\*\*

ಮೇಲ್ಕಂಡವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ , ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ, ವಕ್ಕಲೇರಿ ಕೋಲಾರ ತಾಲ್ಲೂಕು, ಕೋಲಾರ ಜಿಲ್ಲೆ ವ್ಯಾಪ್ತಿಯ ಬೆಂಗಳೂರು ಉತ್ತರ ವಿಶ್ವವಿದ್ಯಾಲಯ ಮಂಗಳೂರು ಇಲ್ಲಿ ದಿನಾಂಕ 17 /02/2024 ಶುಕ್ರವಾರದಂದು ಸ್ವಯಂ ಪ್ರೇರಿತ ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು ಹಮ್ಮಿಕೊಂಡಿದ್ದು ತಾವುಗಳು ಶಿಬಿರಕ್ಕೆ ತಪ್ಪದೆ ತಮ್ಮ ಎಲ್ಲಾ ಸಿಬ್ಬಂದಿ ಹಾಗೂ ವಿದ್ಯಾರ್ಥಿ ಸಮೂಹದೊಂದಿಗೆ ಬಾಗುವಹಿ ಹೆಚ್ಚು ರಕ್ತ ದಾನವನ್ನು ಮಾಡಲು ಪ್ರೇರಿಸಿ ಶಿಬಿರವನ್ನು ಯಶಸ್ವಿಗೂಳಿಸಬೇಕೆಂದು ತಮ್ಮಲ್ಲಿ ಕೋರಿದೆ.

ಸಹಿ/-

1. ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳು,ಕೋಲಾರ ಜಿಲ್ಲೆ ,ಕೋಲಾರ
- 2) ತಾಲ್ಲೂಕು ಆರೋಗ್ಯಾಧಿಕಾರಿಗಳು,ಕೋಲಾರ ತಾಲ್ಲೂಕು,ಕೋಲಾರ.
- 3) ಜಿಲ್ಲಾ ಏಡ್ಸ್ ಮತ್ತು ಕ್ಷಯ ನಿಯಂತ್ರಣ ಅಧಿಕಾರಿಗಳು,ಕೋಲಾರ ಜಿಲ್ಲೆ,ಕೋಲಾರ
- 4) ಕಛೇರಿ ಪ್ರತಿ

ವೈದ್ಯಾಧಿಕಾರಿಗಳು  
ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ  
ವಕ್ಕಲೇರಿ, ಕೋಲಾರ ತಾಲ್ಲೂಕು

BL JALAPPA HOSPITAL & RESEARCH CENTER  
(Under Department of Pathology)  
Jalappa Hospital & Research Center  
Tamaka, Kolar



No: RLJH/ADMN/ / KLR /2024-25

Dt: 13-02-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized at Mangasandra PG College on 17-02-2025.

1. Blood Center Officer	:	01
2. Dr Sathu Ram Kumar	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Ms Ashwini Priya	:	Lab Technician
5. Ms Priyanka	:	Lab Technician
6. Mr Mahendra	:	Lab Technician
7. Mr Hithesh	:	Staff Nurse
8. Mr Vijaya Kumar	:	Counselor
9. Ms Geethanjali	:	SDA
10. B.Sc Students /MSC	:	03nos
11. Attender	:	2 nos

The above said staff may be relieved on 17-02-2025 at 8.30 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT

  
Prof & HOD  
Dept. of IHBT

  
Medical Superintendent  
RLJH & RC

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO







No: RLJH/ADMN/ / KLR /2024-25


Dt: 13-02-2025


**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized at Horticulture College, Tamaka, Kolar on 21-02-2025 from 2 pm to 6pm.

1. Blood Center Officer	:	01
2. Dr Sathu Ram Kumar	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Ms Priyanka	:	Lab Technician
5. Mr Mahindra	:	Lab Technician
6. Mr Anand	:	Staff Nurse
7. Mr Hithesh	:	Staff Nurse
8. Mr Vijaya Kumar	:	Counselor
9. Ms Geethanjali	:	SDA
10. B.Sc Students	:	03nos
11. Msc Student	:	02
12. Attender	:	2 nos

The above said staff may be relieved on 21-02-2025 at 1.30 pm to attend the camp.

  
Camp In-Charge  
Dept. of IHBT

  
Prof & HOD  
Dept. of IHBT

  
Medical Superintendent  
RLJH & RC

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO



No: RLJH/ADMN/ / KLR /2024-25

Dt: 13-02-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized at Horticulture College, Tamaka, Kolar on 21-02-2025 from 2 pm to 6pm.

1. Blood Center Officer	:	01
2. Dr Sathu Ram Kumar	:	Post Graduate
3. Mr Chalopathy	:	DGHS Technician
4. Ms Priyanka	:	Lab Technician
5. Mr Mahindra	:	Lab Technician
6. Mr Anand	:	Staff Nurse
7. Mr Hithesh	:	Staff Nurse
8. Mr Vijaya Kumar	:	Counselor
9. Ms Geethanjali	:	SDA
10. B.Sc Students	:	03nos
11. Msc Student	:	02
12. Attender	:	2 nos

The above said staff may be relieved on 21-02-2025 at 1.30 pm to attend the camp.

Camp In-Charge  
Dept. of IHBT

Prof & HOD  
Dept. of IHBT

  
Medical Superintendent  
RLJH & RC

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\ *SB* 2024-25

Date: 24-02-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized S Agrahara, Matnahalli, Narasapura on 16-02-2025. The camp went well and 32 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

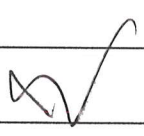
Professor & HOD, IHBT  
**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE



NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP

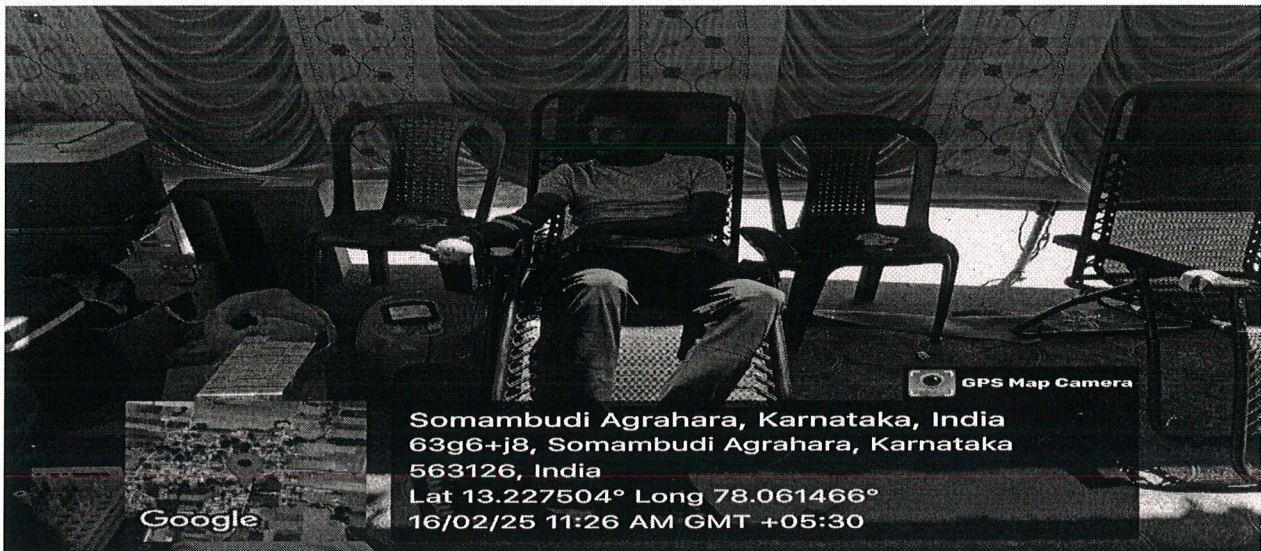
Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	SAgrahara, Matnahalli, Narasapura	SAgrahara, Matnahalli, Narasapura	Nagesh	9743796660
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
16-02-2025	50	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
9.0.00am	9.30am	32	32	32
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
0	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of Camp	Remarks	Signature of Medical Officer		
A+				



# R L JALAPPA HOSPITAL & RESEARCH CENTRE BLOOD CENTRE



## CAMP PHOTO





No: RLJH/ADMN/ / KLR /2024-25


Dt: 06-02-2025

**OFFICE ORDER**

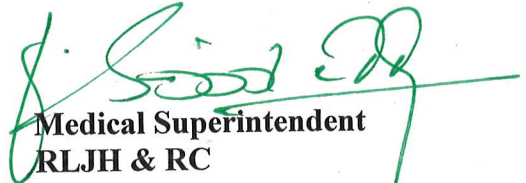
The following staff is deputed to attend the Blood Donation Camp organized  
S Agrahara, Matnahalli, Narasapura on 16-02-2025.

1. Blood Center Officer	:	01
2. Dr Sethu Ram Kumar	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Ms Priyanka	:	Lab Technician
5. Mr Mahendra	:	Lab Technician
6. Mr Hithesh	:	Staff Nurse
7. Mr Vijaya Kumar	:	Counselor
8. B.Sc Students	:	02nos
9. MSc	:	02 nos
10. Attender	:	2 nos

The above said staff may be relieved on 16-02-2025 at 9.00 am to attend the camp.

  
**Camp In-Charge**  
**Dept. of IHBT**  
**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
**(Under Department of Pathology)**  
**RL Jalappa Hospital & Research Center**  
**Tamaka, Kolar**

  
**Prof & HOD**  
**Dept. of IHBT**

  
**Medical Superintendent**  
**RLJH & RC**

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





R L JALAPPA HOSPITAL & RESEARCH CENTRE  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\493\2024-25

Date: 06-02-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp at S Agrahara, Matnahalli, Narasapura on 16-02-2025.

Thanking you,

  
6/2/25

Yours sincerely

Professor & HOD , Dept. of IHBT

**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
R.L. Jalappa Hospital & Research Center  
Tamaka, Kolar



ದಿನಾಂಕ:06.02.2025

ರವರಿಗೆ

ವ್ಯವಸ್ಥಾಪಕರು

ರಕ್ತನಿಧಿ ಕೇಂದ್ರ, ಆರ್.ಎಲ್.ಜಾಲಪ್ಪ ಆಸ್ಪತ್ರೆ

ಕೋಲಾರ

ಇವರಿಂದ

ನಾಗೇಶ ಎಂ

ಡಿ ಬಾಸ್ ಅಭಿಮಾನಿ

ಎಸ್ ಅಗ್ರಹಾರ ಮಟ್ಟಹಳ್ಳಿ ಅಂಚೆ

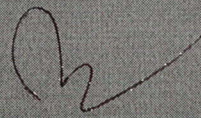
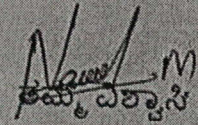
ಕೋಲಾರ ತಾಲ್ಲೂಕು &amp; ಜಿಲ್ಲೆ

ಮೊ. ನಂ:9743796660

ವಿಷಯ: ಶ್ರೀ ಚಾಲೆಂಜಿಂಗ್ ಸ್ಪಾರ್ ದರ್ಶನ್ ಅಭಿಮಾನಿಗಳ ಎಸ್ ಅಗ್ರಹಾರ, ವತಿಯಿಂದ ರಕ್ತದಾನ ಹಾಗೂ ಆರೋಗ್ಯ ಶಿಬಿರವನ್ನು ಹಮ್ಮಿಕೊಂಡಿರುವ ಬಗ್ಗೆ

ಈ ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ದಿನಾಂಕ 16/02/2025 ಭಾನುವಾರ ರಂದು "ಶ್ರೀ ಚಾಲೆಂಜಿಂಗ್ ಸ್ಪಾರ್ ದರ್ಶನ್ (ಡಿ ಬಾಸ್)" ನವರ 48ನೇ ಹುಟ್ಟುಹಬ್ಬದ ಪ್ರಯುಕ್ತ ಡಿ ಬಾಸ್ ಅಭಿಮಾನಿಗಳ ವತಿಯಿಂದ ಎಸ್ ಅಗ್ರಹಾರ ಗ್ರಾಮ, ಮಟ್ಟಹಳ್ಳಿ ಅಂಚೆ ಕೋಲಾರ ತಾಲ್ಲೂಕು & ಜಿಲ್ಲೆ ನಲ್ಲಿ ಬೃಹತ್ ಆರೋಗ್ಯ ತಪಾಸಣಾ, ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಮತ್ತು ಬೃಹತ್ ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು ಹಮ್ಮಿಕೊಂಡಿದ್ದು, ಸದರಿ ರಕ್ತದಾನ ಶಿಬಿರಕ್ಕೆ ಅಗತ್ಯ ಕ್ರಮಗಳು, ಹಾಗೂ ಸಿಬ್ಬಂದಿಯೊಂದಿಗೆ ಹಾಜರಿದ್ದು, ಶಿಬಿರವನ್ನು ಯಶಸ್ವಿ ಮಾಡಬೇಕೆಂದು ಈ ಪತ್ರದ ಮುಖೇನ ತಮ್ಮಲ್ಲಿ ಕೋರಿದೆ.

ಧನ್ಯವಾದಗಳೊಂದಿಗೆ





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\ *SBC* 2024-25

Date: 29-03-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by Government First Grade College, Mulbagal on 27-03-2025. The camp went well and 32 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT

**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE



NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP

Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Government First Grade College, Mulbagal	Government First Grade College, Mulbagal	DAPCU	-
<b>Date of Blood Donation camp</b>	<b>No. of Blood Donors expected</b>	<b>Venue of Proposed camp</b>	<b>Availability of Infra-structure facilities</b>	<b>IEC material Provided to Organizers</b>
27-03-2025	50	Campus	Yes	Yes
<b>Arrival time of Camp venue</b>	<b>Starting time of Camp</b>	<b>No. of Blood Donors enrolled</b>	<b>No. of Blood Donors Donated</b>	<b>Male Donors (A)</b>
8.30.00am	9.00am	32	32	28
<b>Female Donors (B)</b>	<b>No. of Blood Donors Deferred</b>	<b>No. of Donors Reaction</b>	<b>Finishing time at camp</b>	<b>Donor Certificate Provided</b>
04	0	nil	4 pm	Yes
<b>Donor Badge /pin Provided</b>	<b>% sero reactivity for HIV</b>	<b>% sero-reactivity for HBV</b>	<b>% sero-reactivity for HCV</b>	<b>% reactive for Syphills</b>
Yes	0	0	0	0
<b>Grading of Camp</b>	<b>Remarks</b>	<b>Signature of Medical Officer</b>		
A+				

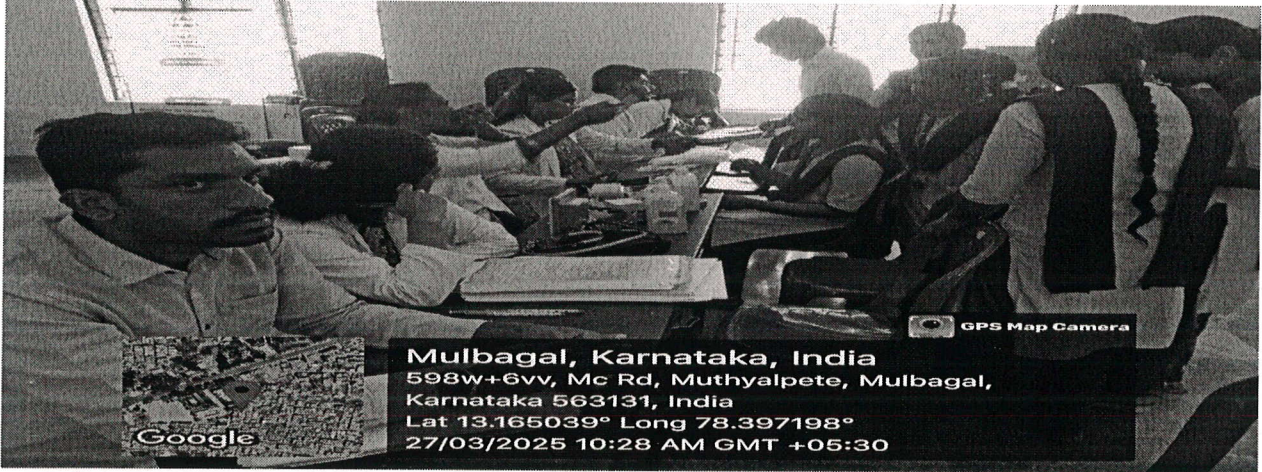
BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
R.L. Jalappa Hospital & Research Center  
Tamaka, Kolar



# R L JALAPPA HOSPITAL & RESEARCH CENTRE BLOOD CENTRE



## CAMP PHOTO



GPS Map Camera  
 Mulbagal, Karnataka, India  
 598w+6vv, Mc Rd, Muthyalpete, Mulbagal,  
 Karnataka 563131, India  
 Lat 13.165039° Long 78.397198°  
 27/03/2025 10:28 AM GMT +05:30



GPS Map Camera  
 Mulbagal, Karnataka, India  
 597w+mp6, Muthyalpete, Mulbagal, Karnataka  
 563131, India  
 Lat 13.164417° Long 78.39693°  
 27/03/2025 12:46 PM GMT +05:30





**R L JALAPPA HOSPITAL & RESEARCH CENTRE**  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\5572024-25

Date: 25-03-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

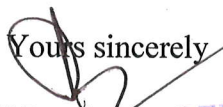
Respected Sir,

Sub: Blood Donation camp reg

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp by Government First Grade College, Mulbagal on 27-03-2025.

Thanking you,

  
25/3/25

Yours sincerely  
  
Professor & HOD, Dept. of IHBT  
BLOOD CENTER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
R.L. Jalappa Hospital & Research Center  
Tamaka, Kolar



RUSA FUNDED COLLEGE

GOVERNMENT OF KARNATAKA

PH: 08159-242014

DEPARTMENT OF COLLEGIATE EDUCATION

# GOVERNMENT FIRST GRADE COLLEGE



MULBAGAL-563131, KOLAR DISTRICT.

U/S 2F & 12B OF

Email: gfgcmulbagal@yahoo.com

Re-ACCREDITED WITH NAAC 'B' GRADE

No. GFGCM/ 175/ 2024-25

Date: 25-03-2025

To

The Blood Centre Officer  
RLJH IHBT  
Tamaka, Kolar-563101

From

Principal  
Government First Grade College Mulbagal  
Kolar Dist-563131

Subject: Regarding Voluntary Blood Donation Camp

Respected Sir,


With respect to the above said subject we are organizing Voluntary Blood Donation Camp on 27/03/2025 at Government First Grade College, Mulbagal-563131 Kindly make arrangements from Blood Centre and make the event successful.

Time: 09-30Am to 2:30Pm

Contact No: Dr Murthy M N-9449184671

Thanking You

Your's faithfully

  
PRINCIPAL  
Govt. First Grade Coll  
Mulbagal - 563131  
25/3/25



No: RLJH/ADMN/ / KLR /2024-25


Dt: 25-03-2025


**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized at Mulbagal on 27-03-2025.

1. Blood Center Officer	:	01
2. Dr Gokul /Mamratha	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Mr Shabbir A Khan	:	Lab Technician
5. Mrs Priyanka	:	Lab Technician
6. Mr Irshad Pasha	:	Lab Technician
7. Mrs Pasha <i>Phebe</i>	:	Lab Technician
8. Mr Hitesh	:	Staff Nurse
9. Mr Vijaya Kumar	:	Counselor
10. B.Sc Students	:	04nos
11. MSc	:	02 nos
12. Attender	:	01 nos

The above said staff may be relieved on 27-03-2025 at 8.00 am to attend the camp.

  
Camp In-Charge  
BLOOD CENTER OFFICER  
Dept. of IHBT  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

  
Prof & HOD  
Dept. of IHBT  
BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

  
Medical Superintendent  
RLJH & RC

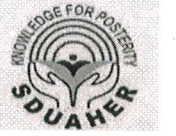
Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\ 2024-25

Date: 25-03-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized Karnataka Navajeevana Samithi, Kyalanur on 21-03-2025. The camp went well and 26 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
**Professor & HOD, IHBT**  
**R.L. Jalappa Hospital & Research Center**  
**(Under Department of Pathology)**

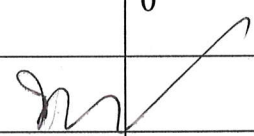
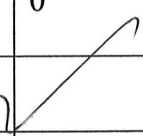
ok



R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE



NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP

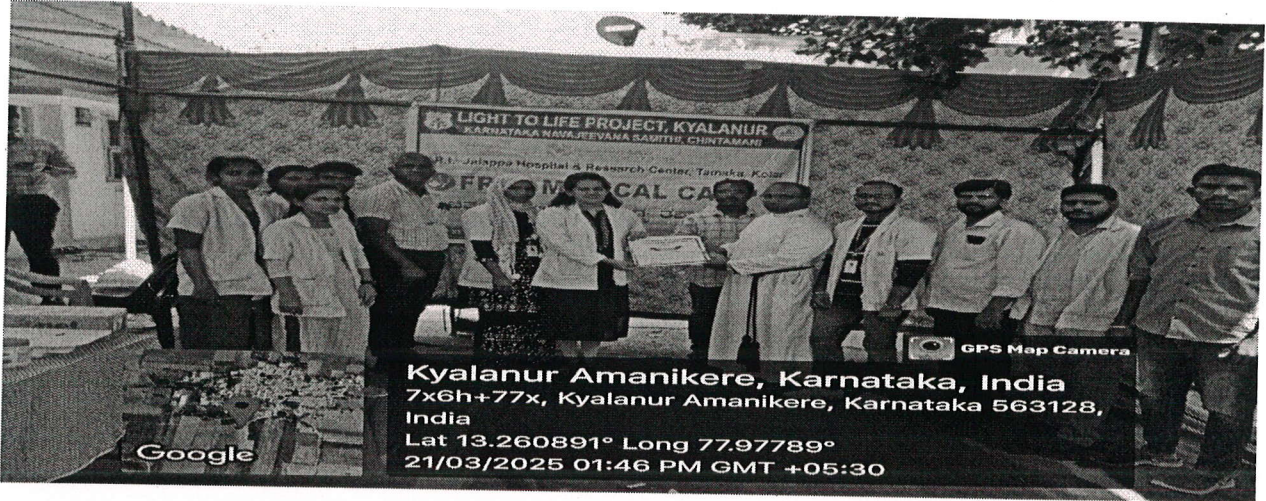
Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Karnataka Navajeev Samithi, Kyalanur	Karnataka Navajeevana Samithi, Kyalanur	-	-
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
21-03-2025	100	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
8.00.00am	9.00am	26	26	26
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
0	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of the Camp	Remarks	Signature of Medical Officer		
A+				



# R L JALAPPA HOSPITAL & RESEARCH CENTRE BLOOD CENTRE



## CAMP PHOTO





No: RLJH/ADMN/ / KLR /2024-25

Dt: 19-03-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized by Karnataka Navajeevana Samithi, Kyalanur on 21-03-2025

1. Blood Center Officer	:	01
2. Dr Namrata	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Ms Shabreen Taj	:	Lab Technician
5. Mr Irshad Pasha	:	Lab Technician
6. Mr Hithesh	:	Staff Nurse
7. Mr Vijaya Kumar	:	Counselor
8. B.Sc Students	:	02nos
9. Msc	:	03 nos
10. Attender	:	1 nos

The above said staff may be relieved on 21-03-2025 at 8.30 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT

  
Prof & HOD  
Dept. of IHBT

  
Medical Superintendent  
RLJH & RC

Pending

BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center,  
Tamaka, Kolar

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE**  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\SS\2024-25

Date: 19-03-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Karnataka Navajeevana Samithi, Kyalanur on 21-03-2025.

Thanking you,

Yours sincerely

Professor & HOD, Dept. of IHBT

**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar



To

Date:19/03/2025

The Blood Centre Officer  
RLJH IHBT  
Tamaka, Kolar-563101

From

Karnataka Navajeevana Samithi  
Kyalanur, Kolar-563103

**Subject: Regarding Voluntary Blood Donation Camp**

Respected Sir,

With respect to the above said subject we are organizing Voluntary Blood Donation Camp on 21/03/2025 at Kyalanur. Kindly make arrangements from Blood Centre and make the event successful.

Time: 09-30Am to 2:30Pm

Contact No: Mr Muniraj-9663982443

Thanking You

-sd-  
Karnataka Navajeevana Samithi  
Kyalanur  
19/3/2025



No: RLJH/ADMN/ / KLR /2024-25

Dt: 13-03-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized by Dr Puneeth Rajkumar Birthday, Vemgal Kolar on 17-03-2025.

1. Blood Center Officer	:	01
2. Dr Gokul	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Ms Phebe	:	Lab Technician
5. Mr Irshad Pasha	:	Lab Technician
6. Mr Hithesh	:	Staff Nurse
7. Mr Vijaya Kumar	:	Counselor
8. B.Sc Students	:	02nos
9. Msc	:	02 nos
10. Attender	:	1 nos

The above said staff may be relieved on 17-03-2025 at 8.30 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT

  
Prof & HOD  
Dept. of IHBT

  
Medical Superintendent  
RLJH & RC

BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tataka, Kolar  
Pending

BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tataka, Kolar

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





R L JALAPPA HOSPITAL & RESEARCH CENTRE  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJHKLR\IHBT *SUX* 2024-25

Date: 13-03-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Dr Puneeth Rajkumar Birthday, Vemgal Kolar on 17-03-2025.

Thanking you,

*[Handwritten signature in green ink]*  
13/3/25

Yours sincerely

Professor & HOD, Dept. of IHBT

*[Blue ink stamp]*  
BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



To

The Blood Centre Officer

RLJH IHBT

Tanaka, Kolar-563101

From

Appu Fans Army

Vemagal, Kolar-563101

**Subject: Regarding Voluntary Blood Donation Camp**

Respected Sir,

With respect to the above said subject we are organizing Voluntary Blood Donation Camp on 17/03/2025 at Vemagal Kolar on the event of Dr Puneeth Rajkumar Birthday. Kindly make arrangements from our Blood Centre and make the event successful.

Time: 09-30Am to 2:30Pm

Contact No:

Mr Naveen Kumar-9900281564

Mr Shashikumar-7760444798

Thanking You

  
13/3/25

Appu Fans Army







**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT<sup>SUP</sup>\2024-25

Date: 18-03-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

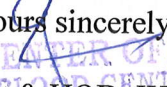
Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by Appu Fans Club, Vemgal on 17-03-2025.  
The camp went well and 64 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely  
  
BLOOD CENTER OFFICER  
BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE



NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP

Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Appu Fans Club, Vemgal	Appu Fans Club, Vemgal	Mr Shashi Kumar	
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
17-03-2025	100	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
8.00.00am	9.00am	64	64	63
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
01	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	01
Grading of the Camp	Remarks	Signature of Medical Officer		
A+				

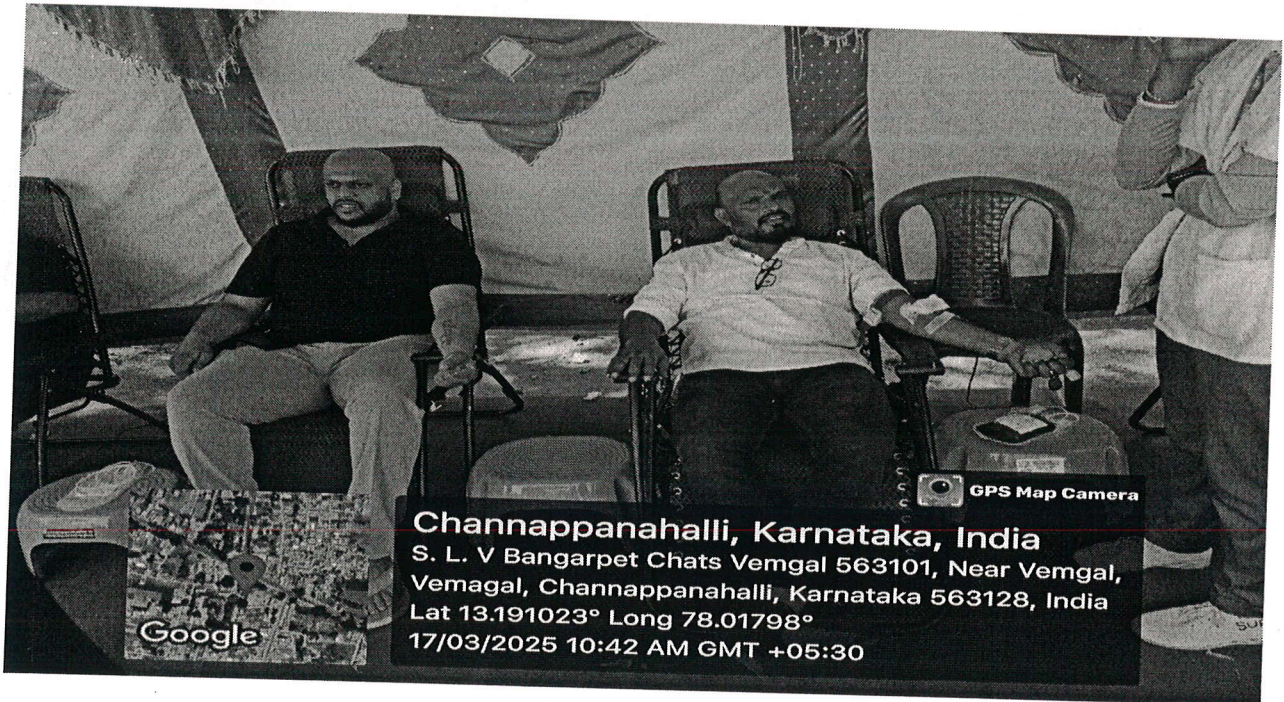
BLOOD CENTRE  
RLJH BLOOD CENTRE  
(Under Department of Pathology)  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**CAMP PHOTO**





No: RLJH/ADMN/ / KLR /2024-25


Dt: 13-03-2025


**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized by Dr Puneeth Rajkumar Birthday, Vemgal Kolar on 17-03-2025.

1. Blood Center Officer	:	01
2. Dr Namrata	:	Post Graduate
3. Mr Shabir A Khan	:	Lab Technician
4. Ms Priya	:	Lab Technician
5. Ms Geethanajali	:	SDA
6. Mr Vijaya Kumar	:	Counselor
7. B.Sc Students	:	02nos
8. Msc	:	02 nos
9. Attender	:	1 nos

The above said staff may be relieved on 17-03-2025 at 8.30 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT  
BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
K. L. Jalappa Hospital & Research Center  
Tamaka, Kolar  
Pending

  
Prof & HOD  
Dept. of IHBT

  
Medical Superintendent  
RLJH & RC  
14/3/25

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE**  
**Dept of Immunohematology and Blood**  
**Tamaka, Kolar**



No: RLJH\KLR\IHBT\ 2024-25

Date: 13-03-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

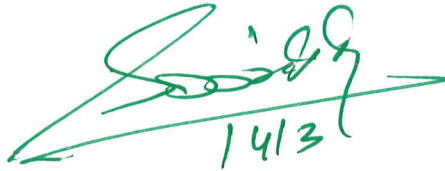
To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.


Respected Sir,

Sub: Blood Donation camp regarding.

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Grama Bharathi Trust, Mulbagal on 17-03-2025.

Thanking you,

  
14/3

Yours sincerely  
  
Professor & HOD, Dept. of IHBT  
**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



ದಿನಾಂಕ :- 13/03/2025

ರವರಿಗೆ.

ರಕ್ತ ನಿರೀಕ್ಷೆಯ  
ದ್ರ. ಎಲ್. ಜಾಲಕ್  
ಸಿಂಧುಬನಾಕೆಲ  
ಬೆಂಗಳೂರು ಕೋಲಾ

ಬಂದ

ಗ್ರಾ. ಭಾರತಿ ಪ್ರಸ್ತೆ ಬೆಂಗಳೂರು  
ಕೃಷಿ ಅಧಿಕಾರಿ. ಬೆಂಗಳೂರು  
ಯುಜಿಬಿ

ಯುಜಿಬಿ

ಬಿಷಯ :- ಉಚಿತ ರಕ್ತದಾನ ಉಪಯುಕ್ತ ಸಿದ್ಧಿಗಾಗಿ ಬಂದ  
ಬಿಷಯ ಬಗ್ಗೆ.

ಈ ಬಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ಕೆಳ

ಬಿಷಯ ಉಚಿತ ರಕ್ತದಾನ ಉಪಯುಕ್ತ ಸಿದ್ಧಿಗಾಗಿ ಬಂದ ದಿನಾಂಕ 13/03/2025

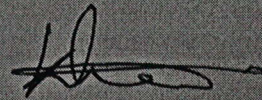
ರಂದು ರಕ್ತದಾನ ಉಪಯುಕ್ತ ಸಿದ್ಧಿಗಾಗಿ ಬಂದ ಯುಜಿಬಿ ನಿಯಮ ಪ್ರಕಾರ ದತ್ತ

ಉಪಯುಕ್ತ ಸಿದ್ಧಿಗಾಗಿ ಬಂದ ಯುಜಿಬಿ ನಿಯಮ ಪ್ರಕಾರ ದತ್ತ

ಬಿಷಯ.

ಬಂದಿನಿಗಾಗಿ

ಬಿಷಯ ಬಗ್ಗೆ.



K. S. Murthy.





R L JALAPPA HOSPITAL & RESEARCH CENTRE  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\526\2024-25

Date: 03-03-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp reg

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Shaloma Thomas Church, Srinivaspur on 05-03-2025.

Thanking you,

3/3/25

Yours sincerely  
  
Professor & HOD, Dept. of IHBT

3 3 25





# ಶಾಲೋಮ್ ಮಾರ್ ತೋಮ ಚರ್ಚ್

ರಾಯಲ್ಟಾಡು, ಶ್ರೀನಿವಾಸಪುರ ತಾಲ್ಲೂಕು, ಕೋಲಾರ ಜಿಲ್ಲೆ,  
ಕರ್ನಾಟಕ.

ದಿನಾಂಕ: 01-03-2025

ರವರಿಗೆ,

ವ್ಯವಸ್ಥಾಪಕರು

ರಕ್ತನಿಧಿ ಕೇಂದ್ರ, ಆರ್. ಎಲ್. ಜಾಲಪ್ಪ ಆಸ್ಪತ್ರೆ  
ಕೋಲಾರ

ಮಾನ್ಯರೇ,

ವಿಷಯ: ಶಾಲೋಮ್ ಮಾರ್ ತೋಮ ಚರ್ಚ್, ರಾಯಲ್ಟಾಡಿನಲ್ಲಿ ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು  
ಹಮ್ಮಿಕೊಂಡಿರುವ ಬಗ್ಗೆ.

\*\*\*

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, ಶಾಲೋಮ್ ಮಾರ್ ತೋಮ ಚರ್ಚ್ ರಾಯಲ್ಟಾಡು,  
ಶ್ರೀನಿವಾಸಪುರ ತಾಲ್ಲೂಕು, ಕೋಲಾರ ಜಿಲ್ಲೆ, ಇಲ್ಲಿ ದಿನಾಂಕ: 05-03-2025ರ ಬುಧವಾರ ರಕ್ತದಾನ  
ಶಿಬಿರವನ್ನು ಹಮ್ಮಿಕೊಂಡಿದ್ದು, ಸದರಿ ರಕ್ತದಾನ ಶಿಬಿರಕ್ಕೆ ಅಗತ್ಯ ಕ್ರಮಗಳು ಹಾಗೂ ತಮ್ಮ ಸಿಬ್ಬಂದಿಯೊಂದಿಗೆ  
ಹಾಜರಿದ್ದು, ಶಿಬಿರವನ್ನು ಯಶಸ್ವಿ ಮಾಡಬೇಕೆಂದು ಈ ಪತ್ರದ ಮುಖೇನ ತಮ್ಮಲ್ಲಿ ಕೋರಿಕೊಳ್ಳುತ್ತೇವೆ.

ಸಹಿ

ರೆವ್. ಜಾರ್ಜ್ ಗೊಕಾವಿ  
(ಅಧ್ಯಕ್ಷರು)

ಶಾಲೋಮ್ ಮಾರ್ ತೋಮ ಚರ್ಚ್,  
ರಾಯಲ್ಟಾಡು, ಶ್ರೀನಿವಾಸಪುರ ತಾಲ್ಲೂಕು

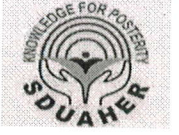
ದೂರವಾಣಿ ಸಂಖ್ಯೆ: 8277461406  
6364427877

ಇ-ಮೇಲ್ ಸಂಖ್ಯೆ: georgegokavi@gmail.com





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT 534\2024-25

Date: 07-03-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by Shaloma Thomas Church, Srinivaspur on 05-03-2025. The camp went well and 25 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT

**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP**

<b>Sl. No</b>	<b>Name of the Organization holding the camp</b>	<b>Address of the Organizer</b>	<b>Name of the Organizer/Head Motivator</b>	<b>Telephone /Mobile Email</b>
01	Shaloma Thomas Church, Srinivaspur	Shaloma Thomas Church, Srinivaspur	-	-
<b>Date of Blood Donation camp</b>	<b>No. of Blood Donors expected</b>	<b>Venue of Proposed camp</b>	<b>Availability of Infra-structure facilities</b>	<b>IEC material Provided to Organizers</b>
05-03-2025	50	Campus	Yes	Yes
<b>Arrival time of Camp venue</b>	<b>Starting time of Camp</b>	<b>No. of Blood Donors enrolled</b>	<b>No. of Blood Donors Donated</b>	<b>Male Donors (A)</b>
8.30.00am	9.00am	25	25	23
<b>Female Donors (B)</b>	<b>No. of Blood Donors Deferred</b>	<b>No. of Donors Reaction</b>	<b>Finishing time at camp</b>	<b>Donor Certificate Provided</b>
02	0	nil	4 pm	Yes
<b>Donor Badge /pin Provided</b>	<b>% sero reactivity for HIV</b>	<b>% sero-reactivity for HBV</b>	<b>% sero-reactivity for HCV</b>	<b>% reactive for Syphills</b>
Yes	0	0	0	0
<b>Grading of Camp</b>	<b>Remarks</b>	<b>Signature of Medical Officer</b>		
A+				



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**CAMP PHOTO**





No: RLJH/ADMN/ / KLR /2024-25

Dt: 03-03-2025


**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized by Shaloma Thomas Church, Srinivaspur on 05-03-2025.

1. Blood Center Officer	:	01
2. Dr Gokul <i>Namrata</i>	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Ms Priyanka	:	Lab Technician
5. Mr Irshad Pasha	:	Lab Technician
6. Mr Hitheh	:	Staff Nurse
7. Mr Vijaya Kumar	:	Counselor
8. B.Sc Students	:	02nos
9. MSc	:	02 nos
10. Attender	:	01 nos

The above said staff may be relieved on 05-03-2025 at 8.30 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT

  
Prof & HOD  
Dept. of IHBT  
Blood Center Officer  
(Under Department of Pathology)  
R.L. Jalappa Hospital & Research Centre  
Tamaha, Kolar

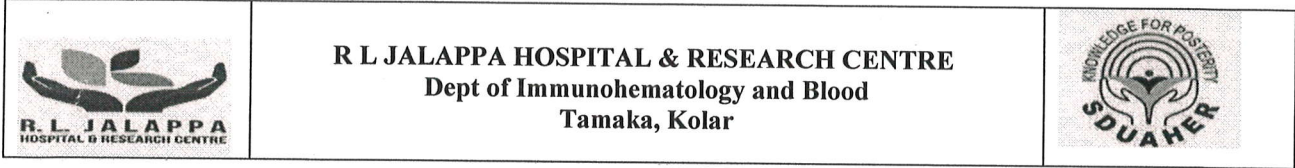
  
Medical Superintendent  
RLJH & RC

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO



01  
RLJH  
01/04/25  
↓



No: RLJH\KLR\IHBT\01 \2024-25

Date: 01-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp reg..

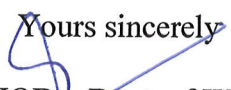
As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Anjani Hospital, Malur on 06-04-2025.

Thanking you,

  
01/04/25

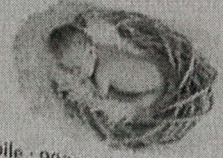
Resident Medical Officer  
R.L.J. Hospital & Research Centre  
Tamaka, Kolar-563 103

Yours sincerely

  
Professor & HOD, Dept. of IHBT  
BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center,  
Tamaka, Kolar



ಹಂಪಿ ಕಛೇರಿ ಹತ್ತಿರ, ಮಾಲೂರು - 563130.  
Ph: 08151-233004 Mobile: 99722 22278



# ANJANI Hospital

Near Post Office, Malur - 563130  
KMC No.: 99012

ಡಾ. ಕಿರಣ್ ಸೋಮಣ್ಣ, ಎಂ.ಬಿ.ಬಿ.ಎಸ್., ಎಂ.ಡಿ., (PGPN)  
ಸವಜಾತ ಶಿಶು ಹಾಗೂ ಮಕ್ಕಳ ತಜ್ಞರು

Dr. Kiran Somanna - Pediatrician  
Pediatrician and Neonatologist

- ಅಧ್ಯಕ್ಷರು, ಭಾರತೀಯ ವೈದ್ಯಕೀಯ ಸಂಘ, ಮಾಲೂರು
- ಅಧ್ಯಕ್ಷರು, ಡಾ. ಕಿರಣ್ ಸೋಮಣ್ಣ ಚಾರಿಟಬಲ್ ಟ್ರಸ್ಟ್, ಮಾಲೂರು.

- President, Indian Medical Association, Malur
- President, Dr. Kiran Somanna Charitable Trust, Malur.

## List of Departments Required

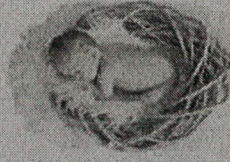
Sl. no	Department	Consultant (no)	PGTs (no)	Interns (no)
1	Gen. Medicine	2	3	2
2	Orthopedics	2	3	2
3	Pediatrics	2	2	1
4	Pathology	2	2	1
4	Dermatology	1	2	2
5	ENT	1	2	2
	Psychiatry	1	1	1
6	Pulmonology	1	1	2
7	Ophthalmology	2	2	2
8	Dentistry	1	1	1
9	Blood Bank.	1	2	2
10	Gen. Surgery	1	2	2
	OBG	2	2	2

(P.T.O)

Care...  
REDMI NOTE 9  
AI QUAD CAMERA



ಅಂಜನಿ  
ಆಸ್ಪತ್ರೆ



ANJANI  
Hospital

ಅಂಜನಿ ಕಛೇರಿ ಹತ್ತಿರ, ಮಾಲೂರು - 563130.

Ph : 08151-233004 Mobile : 99722 22278 Dr. Kiran Somanna - Pediatrician

Near Post Office, Malur - 563130

KMC No. : 99012

ಡಾ. ಕಿರಣ್ ಸೋಮಣ್ಣ, ಎಂ.ಬಿ.ಎಸ್., ಎಂ.ಡಿ., (PGPN)

ನವಜಾತ ಶಿಶು ಹಾಗೂ ಮಕ್ಕಳ ತಜ್ಞರು

♦ ಅಧ್ಯಕ್ಷರು, ಭಾರತೀಯ ಪಿಡ್ಯಾಟ್ರಿಯ ಸಂಘ, ಮಾಲೂರು

♦ ಅಧ್ಯಕ್ಷರು, ಡಾ. ಕಿರಣ್ ಸೋಮಣ್ಣ ಲಾಂಛನಲ್ ಟ್ರಸ್ಟ್, ಮಾಲೂರು.

Dr. KIRAN SOMANNA, M.B.B.S., M.D. (PGPN)  
Pediatrician and Neonatologist

♦ President, Indian Medical Association, Malur

♦ President, Dr. Kiran Somanna Charitable Trust, Malur.

To,  
The Principal,  
SDUMC, Kolar

18<sup>th</sup> March, 2025

From,  
Dr. Kiran Somanna Charitable Trust  
Malur.

T<sub>9</sub>

BA

Sonil

Reddy

Respected Sir,

Subject: Regarding Health Camp.

As discussed about the Health Camp being  
conducted on 6<sup>th</sup> April, 2025, Sunday, from our  
Trust in association with R. L. Jalappa Hospital  
kindly provide us with the required Medical  
and Paramedical Staff.

Kindly do the needful,

Thanking you,

REDMI NOTE 9

AI QUAD CAMERA



No: RLJH/ADMN/ / KLR /2024-25


Dt: 03-04-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized Anjani Hospital, Malur on 06-04-2025.

1. Blood Center Officer	:	01
2. Dr Shriya	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Mrs Priyanka	:	Lab Technician
5. Mr Arun Kumar	:	Lab Technician
6. Mrs Priya	:	Lab Technician
7. Mr Hitesh	:	Staff Nurse
8. Mr Vijaya Kumar	:	Counselor
9. B.Sc Students	:	03nos
10. MSc	:	02 nos
11. Attender	:	01 nos

The above said staff may be relieved on 06-04-2025 at 8.00 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT

  
Prof & HOD  
Dept. of IHBT

  
Medical Superintendent  
RLJH & RC

BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
R.L. Jalappa Hospital & Research Center  
Tamaka, Kolar

BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
R.L. Jalappa Hospital & Research Center  
Tamaka, Kolar

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\ 25 \2024-25

Date: 07-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by Anjani Hospital, Malur on 06-04-2025.  
The camp went well and 35 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT

**BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar**



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP**

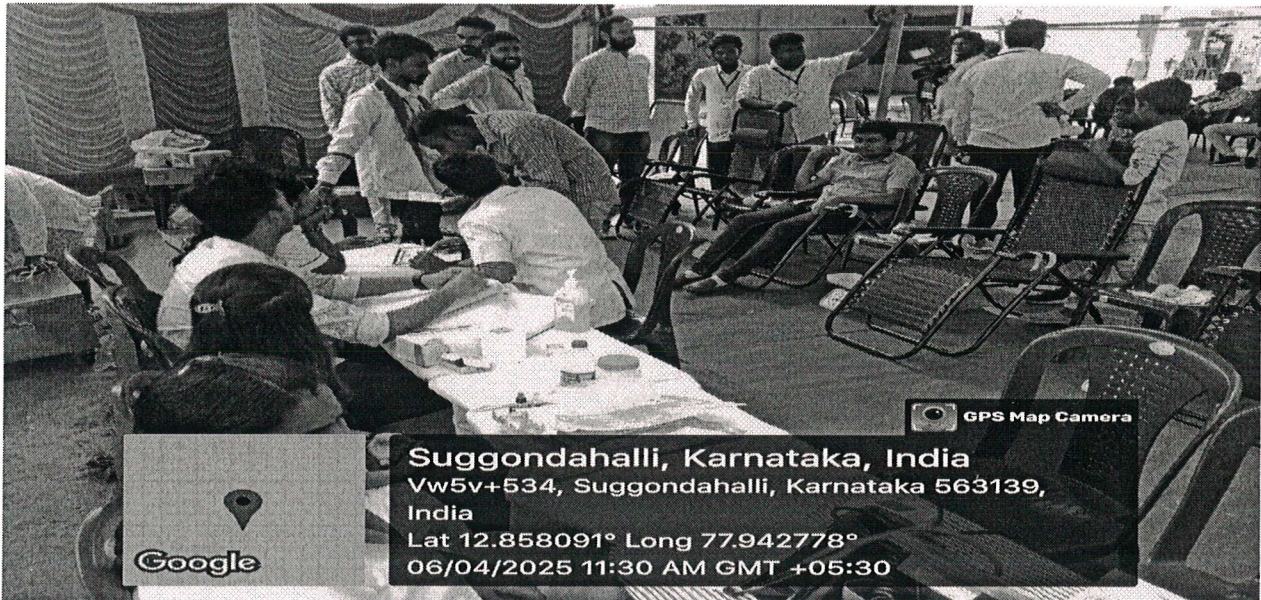
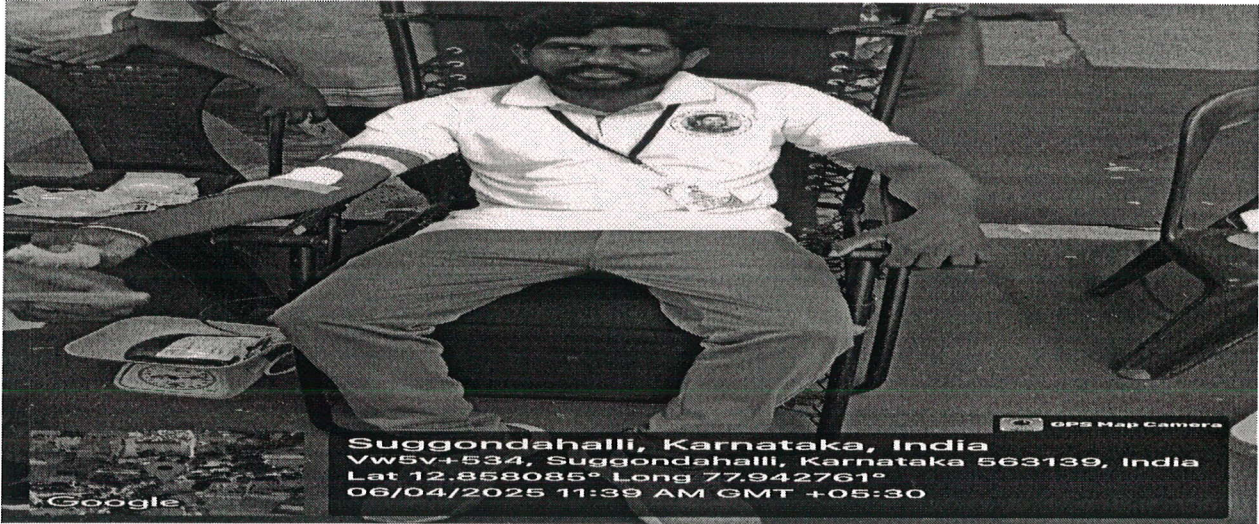
Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Anjani Hospital, Malur	Anjani Hospital, Malur	Dr Kiram Somanna	-
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
06-04 -2025	50	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
8.00.00am	9.30am	35	35	34
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
01	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of Camp	Remarks	Signature of Medical Officer		
A+				



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**CAMP PHOTO**







**R L JALAPPA HOSPITAL & RESEARCH CENTRE**  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\13 \2024-25

Date: 07-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

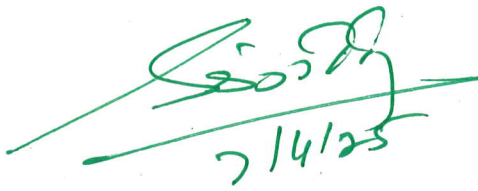
To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp reg..

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Bhagat Singh Sewa Trust, Yeldur on 12-04-2025.

Thanking you,

  
7/4/25

Yours sincerely

Professor & HOD, Dept. of IHBT  
**BLOOD CENTER OFFICER**  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



## ಭಗತ್‌ಸಿಂಗ್ ಸೇವಾ ಸಂಘ ಟ್ರಸ್ಟ್ (ರಿ), ಯಲ್ಲೂರು

ದಿನಾಂಕ: 02-04-2025

ಇವರಿಂದ,

ಅಧ್ಯಕ್ಷರು,

ಭಗತ್‌ಸಿಂಗ್ ಸೇವಾ ಸಂಘ ಟ್ರಸ್ಟ್ (ರಿ),

ಯಲ್ಲೂರು-563138.

ರವರಿಗೆ,

ವೈದ್ಯಾಧಿಕಾರಿಗಳು,

ಆರ್.ಎಲ್.ಜಾಲಪ್ಪ ಆಸ್ಪತ್ರೆ,

ರಕ್ತ ನಿಧಿ ಕೇಂದ್ರ, ಟಿಮಕ, ಕೋಲಾರ-563101.

ಮಾನ್ಯರೇ,

ವಿಷಯ: ಯಲ್ಲೂರು ಗ್ರಾಮದಲ್ಲಿ ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು ಆಯೋಜಿಸುವ ಬಗ್ಗೆ.

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, ದಿನಾಂಕ:12-04-2025 ರಂದು ಸಮಯ ಬೆಳಿಗ್ಗೆ 09:00 ರಿಂದ ಮಧ್ಯಾಹ್ನ 02:30 ಗಂಟೆಯವರೆಗೆ ನ್ಯಾಷನಲ್ ಹೈಸ್ಕೂಲ್, ಯಲ್ಲೂರು ಇಲ್ಲಿ ನಮ್ಮ ಸಂಘದ ಸೇವಾ ಚಟುವಟಿಕೆಯ ಅಂಗವಾಗಿ ಹಾಗೂ ಗ್ರಾಮೀಣ ಭಾಗದ ಯುವಜನರಲ್ಲಿ ರಕ್ತದಾನ ಮಾಡಲು ಪ್ರೋತ್ಸಾಹವನ್ನು ನೀಡುವ ಸದುದ್ದೇಶದಿಂದ ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು ನಡೆಸಲು ಉದ್ದೇಶಿಸಲಾಗಿದ್ದು, ತಾವುಗಳು ಸದರಿ ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು ನಡೆಸಿಕೊಡಲು ಅಗತ್ಯವಿರುವ ಸಿಬ್ಬಂದಿ ಹಾಗೂ ಸಲಕರಣೆಗಳನ್ನು ನಿಯೋಜಿಸಿ ಸದರಿ ರಕ್ತದಾನ ಶಿಬಿರವನ್ನು ನಡೆಯಲು ಸಹಕಾರವನ್ನು ನೀಡಬೇಕಾಗಿ ತಮ್ಮನ್ನು ಕೋರುತ್ತೇನೆ.

ವಂದನೆಗಳೊಂದಿಗೆ,

ಇಂತಿ ತಮ್ಮ ವಿಶ್ವಾಸಿ,

(Signature)

(ಅಧ್ಯಕ್ಷರು)

ಭಗತ್‌ಸಿಂಗ್ ಸೇವಾ ಸಂಘ ಟ್ರಸ್ಟ್ (ರಿ)

ಯಲ್ಲೂರು ಗ್ರಾಮ ಮತ್ತು ಅಂಚೆ.

ಯಲ್ಲೂರು ಹೋಬಳಿ, ಶ್ರೀನಿವಾಸಪುರ ತಾ.

ಕೋಲಾರ ಜಿಲ್ಲೆ-563138



No: RLJH/ADMN/13 / KLR /2024-25

Dt: 07-04-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized Bhagat Singh Sewa Trust, Yeldur on 12-04-2025.

1. Blood Center Officer	:	01
2. Dr Shriya	:	Post Graduate
3. Mr Shabbir A Khan	:	Lab Technician
4. Mrs Ashwini Priya	:	Lab Technician
5. Mr Hitesh	:	Staff Nurse
6. Mrs Geethanjali	:	SDA
7. Mr Vijaya Kumar	:	Counselor
8. B.Sc Students	:	04nos
9. Attender	:	01 nos

The above said staff may be relieved on 12-04-2025 at 8.00 am to attend the camp.

Camp In-Charge  
Dept. of IHBT

Prof & HOD  
Dept. of IHBT

Medical Superintendent  
RLJH & RC

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\29\2024-25

Date: 22-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by Bhagat Singh Sewa Trust, Yeldur on 12-04-2025. The camp went well and 56 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT  
BLOOD CENTRE  
R.L. JALAPPA HOSPITAL & RESEARCH CENTRE  
(Under Department of Pathology)  
R.L. Jalappa Hospital & Research Center  
Tamaka, Kolar

ok



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP**

Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Bhagat Singh Sewa Trust, Yeldur	Bhagat Singh Sewa Trust, Yeldur	-	-
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
12-04 -2025	50	Campus	Yes	Yes
Arrival time Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
8.00.00am	9.30am	100	56	54
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
02	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of t Camp	Remarks	Signature of Medical Officer		
A+				



# R L JALAPPA HOSPITAL & RESEARCH CENTRE BLOOD CENTRE



## CAMP PHOTO







R L JALAPPA HOSPITAL & RESEARCH CENTRE  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\19\2024-25

Date: 07-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp reg..

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by St. Paul's Church, KGF on 13-04-2025.

Thanking you,

7/4/25

Yours sincerely

Professor & HOD, Dept. of IHBT  
BLOOD CENTER OF  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar





Blood Bank SDUMC <bloodbank@sdumc.ac.in>

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## Request for Support – Mega Blood Donation & Medical Camp on April 13, 2025

2 messages

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**gouri shankar** <gourajigs@gmail.com>  
To: bloodbank@sdumc.ac.in  
Cc: m chalapathy M <chalacna@gmail.com>

Sun, Mar 9, 2025 at 8:03 PM

Dear sir/madam,

Greetings from Life Savers Association!

We are pleased to inform you that, in observance of Palm Sunday, we are organizing a Mega Blood Donation Camp along with a Medical Camp on April 13, 2025. Given your esteemed support in previous initiatives, we kindly seek your assistance in making this event a success.

Your collaboration will be invaluable in ensuring a smooth and impactful camp for the benefit of the community. I will personally visit your office within the next two days to submit the official request letter.

Looking forward to your positive response and continued support.

Best regards,  
Gourishankar A Gouraji  
Life Savers Association  
Ph:6361687665.

---

**Chalapathy M** <chalacna@gmail.com>  
To: bloodbank@sdumc.ac.in

Sun, Mar 9, 2025 at 8:11 PM

[Quoted text hidden]





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\30 \2024-25

Date: 22-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by St. Paul's Church, KGF on 13-04-2025.  
The camp went well and 27 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT  
**BLOOD CENTER OFFICER**  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

ok



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP**

<b>Sl. No</b>	<b>Name of the Organization holding the camp</b>	<b>Address of the Organizer</b>	<b>Name of the Organizer/Head Motivator</b>	<b>Telephone /Mobile Email</b>
01	St. Paul's Church, KGF	St. Paul's Church, KGF	Mr Gourishankar A	6361687665
<b>Date of Blood Donation camp</b>	<b>No. of Blood Donors expected</b>	<b>Venue of Proposed camp</b>	<b>Availability of Infra-structure facilities</b>	<b>IEC material Provided to Organizers</b>
13-04 -2025	50	Campus	Yes	Yes
<b>Arrival time of Camp venue</b>	<b>Starting time of Camp</b>	<b>No. of Blood Donors enrolled</b>	<b>No. of Blood Donors Donated</b>	<b>Male Donors (A)</b>
8.30.00am	9.30am	27	27	26
<b>Female Donors (B)</b>	<b>No. of Blood Donors Deferred</b>	<b>No. of Donors Reaction</b>	<b>Finishing time at camp</b>	<b>Donor Certificate Provided</b>
01	0	nil	4 pm	Yes
<b>Donor Badge /pin Provided</b>	<b>% sero reactivity for HIV</b>	<b>% sero-reactivity for HBV</b>	<b>% sero-reactivity for HCV</b>	<b>% reactive for Syphills</b>
Yes	0	0	0	0
<b>Grading of t Camp</b>	<b>Remarks</b>	<b>Signature of Medical Officer</b>		
A+				



# R L JALAPPA HOSPITAL & RESEARCH CENTRE BLOOD CENTRE



## CAMP PHOTO





No: RLJH/ADMN/14 / KLR /2024-25

Dt: 07-04-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized  
St. Paul's Church, KGF on 13-04-2025.

1. Blood Center Officer	:	01
2. Dr Shriya /Abinaya	:	Post Graduate
3. Mr Shabbir A Khan	:	Lab Technician
4. Mrs Shabreen Taj	:	Lab Technician
5. Mrs Priyanka	:	Lab Technician
6. Mrs Priya	:	Lab Technician
7. Mrs Phebe	:	Lab Technician
8. Mr Hitesh	:	Staff Nurse
9. Mr Vijaya Kumar	:	Counselor
10. Mrs Geethanjali	:	SDA
11. B.Sc Students	:	03nos
12. MSc	:	02 nos
13. Attender	:	01 nos

The above said staff may be relieved on 13-04-2025 at 8.30 am to attend the camp.

**Camp In-Charge**  
**Dept. of IHBT**

**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

**Prof & HOD**  
**Dept. of IHBT**

**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

**Medical Superintendent**  
**RLJH & RC**

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





R L JALAPPA HOSPITAL & RESEARCH CENTRE  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\14 \2024-25

Date: 07-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp reg..

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by King George Hall, KGF on 13-04-2025.

Thanking you,

  
Yours sincerely

Professor & HOD , Dept. of IHBT

**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\ 21\2024-25

Date: 22-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by King George Hall, KGF on 13-04-2025. The camp went well and 44 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT

**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center,  
Tamaka, Kolar

o/c



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP**

<b>Sl. No</b>	<b>Name of the Organization holding the camp</b>	<b>Address of the Organizer</b>	<b>Name of the Organizer/Head Motivator</b>	<b>Telephone /Mobile Email</b>
01	King George Hall, K	King George Hall, I	Mr Gourishankar A	6361687665
<b>Date of Blood Donation camp</b>	<b>No. of Blood Donors expected</b>	<b>Venue of Proposed camp</b>	<b>Availability of Infra-structure facilities</b>	<b>IEC material Provided to Organizers</b>
13-04 -2025	50	Campus	Yes	Yes
<b>Arrival time of Camp venue</b>	<b>Starting time of Camp</b>	<b>No. of Blood Donors enrolled</b>	<b>No. of Blood Donors Donated</b>	<b>Male Donors (A)</b>
8.30.00am	9.30am	44	44	42
<b>Female Donors (B)</b>	<b>No. of Blood Donors Deferred</b>	<b>No. of Donors Reaction</b>	<b>Finishing time at camp</b>	<b>Donor Certificate Provided</b>
2	0	nil	4 pm	Yes
<b>Donor Badge /pin Provided</b>	<b>% sero reactivity for HIV</b>	<b>% sero-reactivity for HBV</b>	<b>% sero-reactivity for HCV</b>	<b>% reactive for Syphills</b>
Yes	0	0	0	0
<b>Grading of the Camp</b>	<b>Remarks</b>	<b>Signature of Medical Officer</b>		
A+				



# R L JALAPPA HOSPITAL & RESEARCH CENTRE BLOOD CENTRE



## CAMP PHOTO







**R L JALAPPA HOSPITAL & RESEARCH CENTRE**  
**Dept of Immunohematology and Blood**  
**Tamaka, Kolar**



No: RLJH\KLR\IHBT\ 2024-25

Date: 15-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

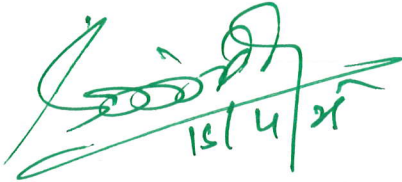
To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp reg..

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Scouts and Guides, Kolar on 15-04-2025.

Thanking you,

  
15/4/25

  
Yours sincerely

Professor & HOD , Dept. of IHBT  
BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



**ವಿಶೇಷ ಆಹ್ವಾನಿತರು**

**ಭಾರತ್ ಸೈಟ್ಸ್ & ಗ್ರೆಡ್, ಕೋಲಾರ**  
**ಶ್ರೀ ಗೋಕುಲ ವಿದ್ಯಾ ಸಂಸ್ಥೆ, ಕೋಲಾರ**  
**ಜೈತನ್ಯ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಮ್ಯಾನೇಜ್ ಮೆಂಟ್ ಅಂಡ್ ಸೈನ್ಸ್, ಕೋಲಾರ.**  
**ಸರ್ಕಾರಿ ಬಾಲಕರ/ ಬಾಲಕಿಯರ ಕಾಲೇಜು, ಕೋಲಾರ**

**ಕಾರ್ಯಕ್ರಮದ ವಿವರ**

**ದಿನಾಂಕ : 15-04-2025 ಮಂಗಳವಾರ ಬೆಳಿಗ್ಗೆ 08-30 ಗಂಟೆಗೆ**  
**ಕೆ.ಎನ್.ಆರ್.ಟಿ.ಸಿ ಹೊಸ ಬಸ್ ನಿಲ್ದಾಣ ಕೋಲಾರ ದಿಂದ**  
**ಸರ್ಕಾರಿ ಜ್ಯೂನಿಯರ್ ಕಾಲೇಜು ಆವರಣದವರೆಗೆ**  
**ಜಾಥಾ ಕಾರ್ಯಕ್ರಮ**



**ಬೆಳಿಗ್ಗೆ 10-00 ಗಂಟೆಗೆ**  
**ಸ್ವಯಂಪ್ರೇರಿತ ರಕ್ತದಾನ ಮತ್ತು**  
**ಉಚಿತ ಆರೋಗ್ಯ ತಪಾಸಣಾ ಶಿಬಿರ**

**ಮಧ್ಯಾಹ್ನ 11-00 ಗಂಟೆಗೆ ಉಪಹಾರ**

**ಶಿಬಿರದಲ್ಲಿ ಭಾಗವಹಿಸುವ ತಜ್ಞರು : ಸಂಬಂಧಪಟ್ಟ ಕಾಯಿಲೆಗಳು**

ವೈದ್ಯಕೀಯ ತಜ್ಞರು	:- ಹೃದಯ ತೊಂದರೆ, ಕಿಡ್ನಿ ಫೈಲೂರ್, ಐ.ಪಿ. ಶುಗರ್, ಅಕ್ರ. ತಲೆನೋವು, ಜ್ವರ, ಶ್ವಾಸಕೋಶ, ಉಸಿರಾಟ, ಎದೆ ಉಲಿಯುವುದು, ಉಬ್ಬಿಸ, ಅಜೀರ್ಣ, ಅಸ್ತಮಾ, ಬೊಟ್ಟು
ಸ್ತ್ರೀ ರೋಗ ತಜ್ಞರು	:- ಐತಿಹಾಸಿಕ, ಮುಟ್ಟಿನ ತೊಂದರೆ, ಗರ್ಭಕೋಶ, ಬಂಜೆ ತನ, ಸ್ತನ ಕ್ಯಾನ್ಸರ್ ತೊಂದರೆ
ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಾ ತಜ್ಞರು	:- ಫೈಲ್ಡ್, ಕಿಡ್ನಿಯಲ್ಲಿ ಕಲ್ಲು, ಫೈರಾಂಟುಡ್, ಅಪೆಂಡಿಕ್ಸ್, ಗಡ್ಡೆಗಳು, ಪಿತ್ತಕೋಶ, ಹುಣ್ಣು ಕ್ಯಾನ್ಸರ್, ಅಲ್ಟರ್ ಕ್ಯಾನ್ಸರ್
ಮೂಳೆ ರೋಗ ತಜ್ಞರು	:- ತೊಂದರೆ ಕೀಲು ನೋವು, ಊತ, ಮೊಣಕಾಲು, ನೊಂದ ನೋವು
ದಾಂಟು ಮತ್ತು ಮಕ್ಕಳ ತಜ್ಞರು	:- ಗರ್ಭಿಣಿಯರು, ಬಾಣಂತಿ, ಹೆರಿಗೆ, ಮಕ್ಕಳ ಕಾಂಟುಲೆಗಳು
ಕಿಟ ಮತ್ತು ಗಂಟಲು ತಜ್ಞರು	:- ಕಿಟಿ ನೋವು, ಮೂಗಿನ ದುರ್ವಾಸನೆ, ಬಾಂಟು ವಾಸನೆ, ಬಾಂಟು ಮತ್ತು ಗಂಟಲು ಕ್ಯಾನ್ಸರ್ ತೊಂದಲು, ಮತ್ತು ಸೀಳು ತುಟಿ
ಕಣ್ಣಿನ ತಜ್ಞರು	:- ಕಣ್ಣು ಪೂರೆ, ಕಣ್ಣಿನಲ್ಲಿ ದುರ್ಮಾಂಸ, ದೃಷ್ಟಿ ತೊಂದರೆ, ರೆಟಿನೋಪತಿ, ಲೇಸರ್ ಚಿಕಿತ್ಸೆ
ಚರ್ಮ ತಜ್ಞರು	:- ತೊನ್ನು, ಮೊಡವೆ, ಅಲರ್ಜಿ, ಲೈಂಗಿಕ ತೊಂದರೆ, ದಾಂಪತ್ಯ ತೊಂದರೆ
ದಂತ ತಜ್ಞರು	:- ಹಲ್ಲು ಕೀಳುವುದು, ಹಲ್ಲು ಕಟ್ಟುವುದು

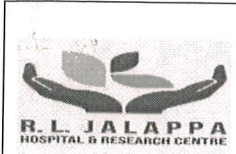
ಈ ಶಿಬಿರದಲ್ಲಿ ದಾಖಲಾತಿ (Admission) ಅಗುವ ರೋಗಿಗಳಿಗೆ ಮಾತ್ರ ಈ ಕೆಳಕಂಡ ಸೌಲಭ್ಯಗಳು ದೊರೆಯಲವೆ.  
ಉಚಿತವಾಗಿ ದೊರೆಯುವ ಸೌಲಭ್ಯಗಳು :

1. ನಾಮಾನ್ಯ ವಾರ್ಡ್ ಶುಲ್ಕ
2. ಕೆಲವು ಔಷಧಿಗಳು ಉಚಿತವಾಗಿ ದೊರೆಯುತ್ತವೆ.
3. ನಾಮಾನ್ಯ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಶುಲ್ಕ
4. ನಾಮಾನ್ಯ ಪರೀಕ್ಷೆಗಳು
5. ಕ್ಷ-ಕಿರಣ (X-Ray)
6. ಇಸಿಜಿ
7. ಬಿ.ಪಿ., ಬಿ.ಆರ್.ಬಿ.ಎನ್ ರಕ್ತ ಪರೀಕ್ಷೆ
8. ಸ್ಕ್ಯಾನಿಂಗ್ ಉಚಿತ (Scanning)
9. ಸಿ.ಟಿ. ಮತ್ತು ಎಂ.ಆರ್.ಐ. (CT.MRI)

- \* ಈ ಆರೋಗ್ಯ ಶಿಬಿರದಲ್ಲಿ ಉಚಿತವಾಗಿ ಬಿ.ಪಿ./ಶುಗರ್ ಪರೀಕ್ಷೆ ಮಾಡಲಾಗುವುದು ಹಾಗೂ ಔಷಧಿಗಳನ್ನು ಕೊಡಲಾಗುವುದು.
- \* ಈ ಆರೋಗ್ಯ ಶಿಬಿರದಲ್ಲಿ ತಪಾಸಣೆ ಮಾಡಿಸಿದ ರೋಗಿಗಳು ಹೆಚ್ಚಿನ ಚಿಕಿತ್ಸೆಗಾಗಿ ಆರ್.ಎಲ್.ಜಾಲಪ್ಪ ಆಸ್ಪತ್ರೆಗೆ ಹೋಗಲು ನಿಗದಿತ ದಿನಾಂಕದಂದು ಉಚಿತವಾಗಿ ವಾಹನ ಸೌಲಭ್ಯವನ್ನು ಒದಗಿಸಲಾಗುವುದು
- \* ಸಾರ್ವಜನಿಕರು ಇದರ ಸದುಪಯೋಗಪಡೆಯಬೇಕಾಗಿ ಬಿನಂತಿ

**ವಿಶೇಷ ಸೂಚನೆ : ತಪಾಸಣೆಗೆ ಬರುವವರು ತಪ್ಪದೇ ಆಧಾರ್ ಕಾರ್ಡ್, ಮತದಾನದ ಗುರುತಿನ ಚೀಟಿ ಹಾಗೂ ರೇಷನ್ ಕಾರ್ಡ್ ಮತ್ತು ಫೋನ್ ನಂ ಐಡ್ಡಾಯವಾಗಿ ತರತಕ್ಕದ್ದು**





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\32\2024-25

Date: 22-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by Scouts and Guides, Kolar on 15-04-2025. The camp went well and 49 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT

**BLOOD CENTER OFFICER**  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

o/k



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP**

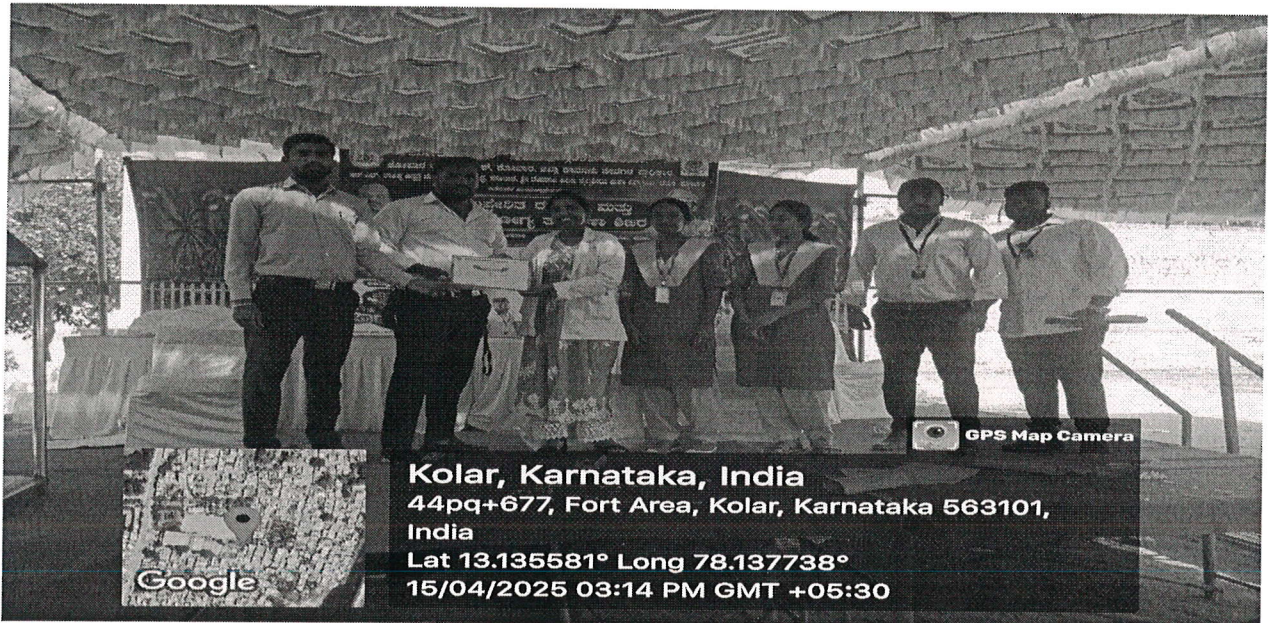
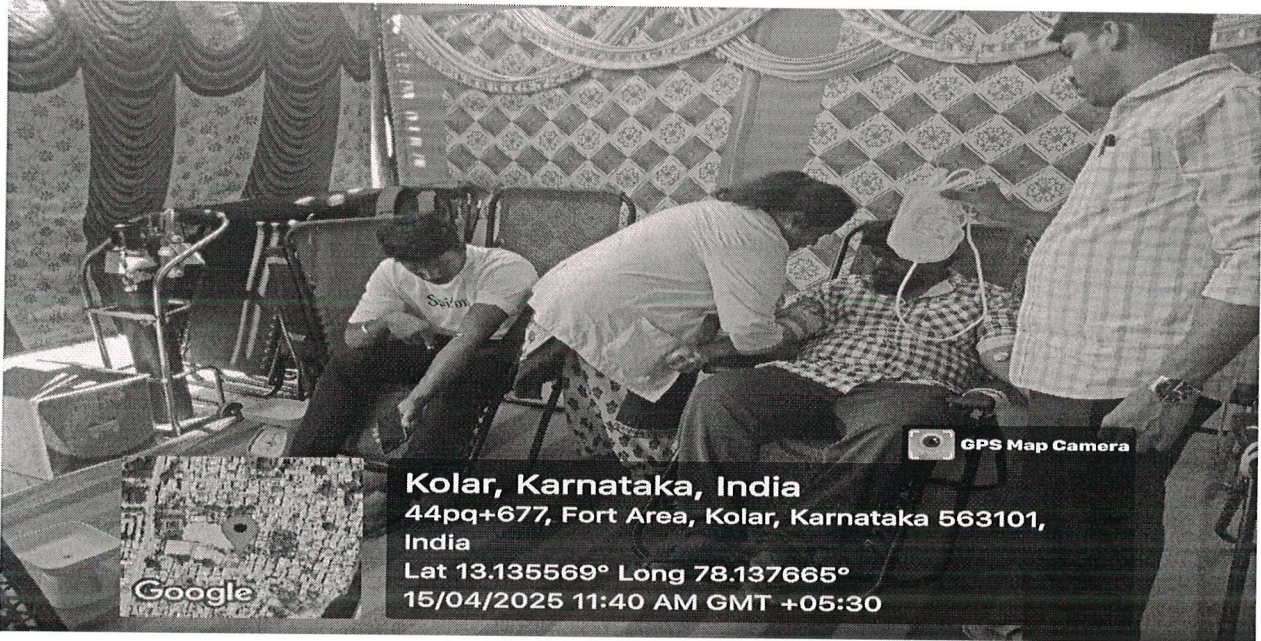
Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Scouts and Guides, Kolar 5.	Scouts and Guides, Kolar.	Babu	
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
15-04 -2025	49	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
8.30.00am	9.30am	49	49	49
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
0	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of the Camp	Remarks	Signature of Medical Officer		
A+				



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**CAMP PHOTO**





No: RLJH/ADMN/ / KLR /2024-25

Dt: 15-04-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized  
Scouts and Guides, Kolar on 15-04-2025.

1. Blood Center Officer	:	01
2. Dr Shriya /Abinaya	:	Post Graduate
3. Mr Shabbir A Khan	:	Lab Technician
4. Ms Ashwini Priya	:	Lab Technician
5. Mrs Phebe	:	Lab Technician
6. Mr Hitesh	:	Staff Nurse
7. Mr Vijaya Kumar	:	Counselor
8. Mrs Geethanjali	:	SDA
9. B.Sc Students	:	03nos
10. Attender	:	01 nos

The above said staff may be relieved on 15-04-2025 at 8.30 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT

  
Prof & HOD  
Dept. of IHBT

  
Medical Superintendent  
RLJH & RC

BLOOD CENTER OFFICER  
RLJH BLOOD CENTER BLOOD CENTER OFFICER  
(Under Department of Pathology) RLJH BLOOD CL. BK  
RL Jalappa Hospital & Research Center (Under Department of Pathology)  
Taniaka, Kolar RL Jalappa Hospital & Research Center  
Tamaka, Kolar

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE**  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\ 2024-25

Date: 15-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

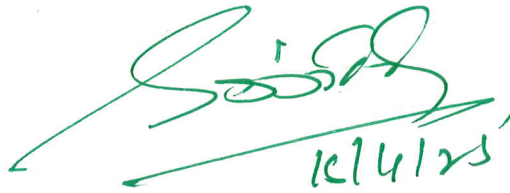
To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

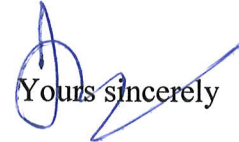
Respected Sir,

Sub: Blood Donation camp reg..

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Tata Semi-Conductor and Testing, Vemgal on 16-04-2025.

Thanking you,

  
16/4/25

  
Yours sincerely

Professor & HOD , Dept. of IHBT

**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar





99+

Compose

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Inbox

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Snoozed

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Important

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Drafts

476

Categories

More

Labels



E



Formats of Blood bank



NABH Hospital



Thermophenpol



**1. TATA ELECTRONICS SYSTEM SOLUTIONS :**

- Location : Achchathanahalli, Narasapura industrial area.
- Dates : 17-04-2025 and 24-04-2025.
- Timings : 9.15 am – 4.30 pm.

**2. TATA SEMICONDUCTOR AND TESTING :**

- Location : Vemgal.
- Dates : 16-04-2025
- Timings : 9.15 am – 4.30 pm.

Kindly confirm for the same.

Regards,  
Dr. Sathish Kumar N  
OHC

**From:** Sathish KN / TESS

**Sent:** 01 April 2025 15:30

**To:** MS Office <[msoffice@sduaher.ac.in](mailto:msoffice@sduaher.ac.in)>

**Cc:** Satish Shankarappa / TESS <[satish.shankarappa@tataelectronics.co.in](mailto:satish.shankarappa@tataelectronics.co.in)>

**Subject:** On-site gynaecologist camp

Dear Madam/ Sir



1. TATA ELECTRONICS SYSTEM SOLUTIONS :

- Location : Achchathanahalli, Narasapura industrial area.
- Dates : 17-04-2025 and 24-04-2025.
- Timings : 9.15 am – 4.30 pm.

2. TATA SEMICONDUCTOR AND TESTING :

- Location : Vemgal.
- Dates : 16-04-2025
- Timings : 9.15 am – 4.30 pm.

Kindly confirm for the same.

Regards,

Dr. Sathish Kumar N

OHC

[Quoted text hidden]

To  
Dr. Das  
Sathish



## On-site gynaecologist camp

2 messages

Sathish KN / TESS <sathish.kn@tataelectronics.co.in>

1 April 2025 at 15:29

To: MS Office <msoffice@sduaher.ac.in>

Cc: Satish Shankarappa / TESS <satish.shankarappa@tataelectronics.co.in>

Dear Madam/ Sir,

On the occasion of " WORLD HEALTH DAY – 07<sup>TH</sup> April 2025 " we would request the support for the below activities.

### 1. Screening of Breast cancer :

- Age : Predominantly under 30 years.
- Location : TSAT, Vemgal plant.
- Date : 07-04-2025 or 10-04-2025.
- Test : On-site USG / Mammography.
- Count : 100 (Approx.)

### 2. On-site Gynecologist camp :

- Location : TSAT, Vemgal plant.
  - Date : 10-03-2025.
  - Time : 9.30 am – 4.30 pm.
- 
- Kindly discuss and confirm.
  - Kindly update the medical team and supporting staff details.

Regards,

Dr. Sathish Kumar N

Sathish KN / TESS <sathish.kn@tataelectronics.co.in>

1 April 2025 at 16:47

To: MS Office <msoffice@sduaher.ac.in>, "bloodbank@sduc.ac.in" <bloodbank@sduc.ac.in>

Cc: Satish Shankarappa / TESS <satish.shankarappa@tataelectronics.co.in>

Dear Madam/ Sir,

With respect to the below trail mail. Kindly support for the on-site "BLOOD DONATION CAMPS" for the below mentioned dates.

No: RLJH/ADMN/ / KLR /2024-25

Dt: 15-04-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized Tata Semi-Conductor and Testing, Vemgal on 16-04-2025.

1. Blood Center Officer	:	01
2. Dr Shriya /Abinaya	:	Post Graduate
3. Mr Shabbir A Khan	:	Lab Technician
4. Ms Ashwini Priya	:	Lab Technician
5. Mr Arun Kumar	:	Lab Technician
6. Ms Priya	:	Lab Technician
7. Mrs Phebe	:	Lab Technician
8. Mr Hitesh	:	Staff Nurse
9. Mr Vijaya Kumar	:	Counselor
10. Mrs Geethanjali	:	SDA
11. MSc	:	02
12. B.Sc Students	:	03nos
13. Attender	:	01 nos

The above said staff may be relieved on 16-04-2025 at 8.30 am to attend the camp.

Camp In-Charge  
Dept. of IHBT

Prof & HOD  
Dept. of IHBT

Medical Superintendent  
RLJH & RC

BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\ 83\2024-25

Date: 22-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by organized Tata Semi-Conductor and Testing, Vemgal on 16-04-2025. The camp went well and 63 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT  
BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP**

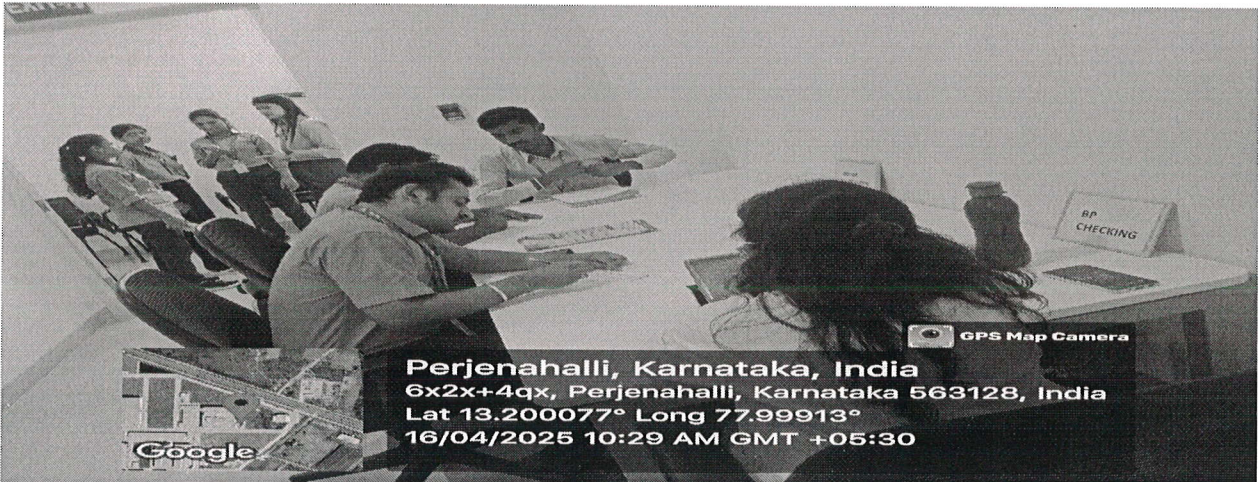
Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Tata Semiconductor testing, Vemgal	Tata Semiconductor and testing, Vemgal	Dr Satish Kumar	
<b>Date of Blood Donation camp</b>	<b>No. of Blood Donors expected</b>	<b>Venue of Proposed camp</b>	<b>Availability of Infra-structure facilities</b>	<b>IEC material Provided to Organizers</b>
16-04 -2025	100	Campus	Yes	Yes
<b>Arrival time of Camp venue</b>	<b>Starting time of Camp</b>	<b>No. of Blood Donors enrolled</b>	<b>No. of Blood Donors Donated</b>	<b>Male Donors (A)</b>
7.30.00am	8.30am	100	63	60
<b>Female Donors (B)</b>	<b>No. of Blood Donors Deferred</b>	<b>No. of Donors Reaction</b>	<b>Finishing time at camp</b>	<b>Donor Certificate Provided</b>
03	0	nil	4 pm	Yes
<b>Donor Badge /pin Provided</b>	<b>% sero reactivity for HIV</b>	<b>% sero-reactivity for HBV</b>	<b>% sero-reactivity for HCV</b>	<b>% reactive for Syphills</b>
Yes	0	0	0	0
<b>Grading of t Camp</b>	<b>Remarks</b>	<b>Signature of Medical Officer</b>		
A+				



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**CAMP PHOTO**







**RL JALAPPA HOSPITAL & RESEARCH CENTER**  
(Dept. of Immuno Hematology and Blood Transfusion)  
Tamaka, Kolar-563101



**List of Blood Centre Staffs Participating In  
Voluntary Blood Donation Camp on 16-04-2025**

SN	Staff Name	Designation	Mobile number
01	Dr Shriya	Pathologist	9686820648
02	Dr Abinaya	Pathologist	8220400970
03	Mr Hithesh	Staff Nurse	9972763301
04	Mr Shabbir Ahmed Khan	Blood Centre Technician	9739852003
05	Mrs Ashwini Priya	Blood Centre Technician	8296283203
06	Mr Arun Kumar	Blood Centre Technician	9148487151
07	Mrs Priya	Blood Centre Technician	8861941227
08	Mrs Phebe	Blood Centre Technician	9901602146
09	Mr Vijay Kumar	Counsellor	8105482805
10	Mrs Geethanjali	SDA	9353992653
11	Ms Varshini	BSc MLT	8792044856
12	Ms Sneha	BSc MLT	9449909644
13	Ms Roopa	BSc Nursing	9663795174
14	Ms Pallavi	BSc Nursing	9036855984
15	Ms Vedhashree	BSc Nursing	8971905784
16	Mr Nagesh	Attender	90088 62958
17	Mr Erappa	BUS Driver / KA07C0837	9741656898
18	Mr Devaraj	Cleaner	741656898

M



**RL JALAPPA HOSPITAL & RESEARCH CENTER**  
(Dept. of Immuno Hematology and Blood Transfusion)  
Tamaka,Kolar-563101



**BLOOD DONATION CAMP CHECK LIST**

**Place of Camp: Tata Semi Conductor and Testing**

**Date: 16-04 2025**

SN	EQUIPMENTS	NO OF EQUIPMENTS
01	BP Apparatus	02
02	Stethoscope	02
03	Blood Bags	03 Boxes
04	Donor Questionnaire (Eng. & Kan)	150
05	Weighing Scale for Donor	01
06	Weighing balance for Blood bags	10
07	Scissors	01
08	Stripper for blood tubing	01
09	Donor cots, Bed sheets,Blankets,Matteres	10
10	Lancets, Swabs	150
11	Glass slides	200
12	Portable Hb% meter / Copper sulphate	01
13	Blood grouping Kits	03
14	Portable tube sealer	01
15	Micro pore	20
16	Dust bins	04
17	Donor Certificate and Camp Organizers Certificate	200
18	Donor Refreshment	200
19	Emergency medical kit	01
20	Blood storage cold box with 2 To 8 Degree centigrade	03
21	Needle destroyer	01
22	Oxygen Cylinder	01
23	Hansaplast	200
24	Tourniquets	10
25	Smiley balls	10
26	Marker Pens	10
27	Mask, hand wash And sanitizers	02
28	Staffs PPE Kits	00
29	Camp permission letter from KSBTC	Yes
30	Camp permission letter from blood Centre	Yes
31	Camp Organizer feedback form	Yes
32	Camp requisition letter from Organizer	Yes
33	Blood Centre Banners	01
34	Water facility	Organizer
35	Gifting Pens	200
36	IEC Materials	Available

**RLJH/IHBT/CHL/03**



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\34\2024-25

Date: 22-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by organized Tata Electronics and systems, Narasapura on 17-04-2025. The camp went well and 132 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT  
**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP**

Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Tata Electronics and systems, Narasapura	Tata Electronics and systems, Narasapura	Dr Satish Kumar	
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
17-04 -2025	200	Campus	Yes	Yes
Arrival time at Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
7.30.00am	8.30am	200	132	127
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
05	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of the Camp	Remarks	Signature of Medical Officer		
A+				



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**CAMP PHOTO**







**R L JALAPPA HOSPITAL & RESEARCH CENTRE**  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\ 2024-25

Date: 15-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.


To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp reg..

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Tata Electronics and systems, Narasapura on 17-04-2025.

Thanking you,

  
15/4

Yours sincerely

Professor & HOD, Dept. of IHBT  
**BLOOD CENTER OFFICER**  
**RLJH BLOOD CENTER**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar



No: RLJH/ADMN/ / KLR /2024-25

Dt: 15-04-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized Tata Electronics and systems, Narasapura on 17-04-2025.

1. Blood Center Officer	:	01
2. Dr Shriya /Abinaya	:	Post Graduate
3. Mr Shabbir A Khan	:	Lab Technician
4. Ms Shabreen Taj	:	Lab Technician
5. Ms Ashwini Priya	:	Lab Technician
6. Mr Irshad Pasha	:	Lab Technician
7. Ms Priya	:	Lab Technician
8. Mrs Phebe	:	Lab Technician
9. Mr Hitesh	:	Lab Technician
10. Mr Vijaya Kumar	:	Staff Nurse
11. Mrs Geethanjali	:	Counselor
12. MSc	:	SDA
13. B.Sc Students	:	02
14. Attender	:	02
	:	01

The above said staff may be relieved on 17-04-2025 at 7.30 am to attend the camp.

Camp In-Charge

Dept. of IHBT

BLOOD CENTER OFFICER

RLJH BLOOD CENTER

(Under Department of Pathology)

RL Jalappa Hospital & Research Center

Tamaka, Kolar

Prof & HOD

Dept. of IHBT

BLOOD CENTER OFFICER

RLJH BLOOD CENTER

(Under Department of Pathology)

RL Jalappa Hospital & Research Center

Tamaka, Kolar

Medical Superintendent

RLJH & RC

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\39\2025-26

Date: 29-04-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized by organized Tata Electronics and systems, Narasapura on 24-04-2025. The camp went well and 250 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely

Professor & HOD, IHBT  
BLOOD CENTER SUPERVISOR  
RLJH BLOOD CENTER  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

o k



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP**

Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Tata Electronics and systems, Narasapura	Tata Electronics and systems, Narasapura	Dr Satish Kumar	
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
24-04 -2025	300	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
7.30.00am	8.30am	300	250	245
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
05	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	01	01	0	02
Grading of t Camp	Remarks	Signature of Medical Officer		
A+				



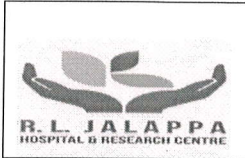
**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



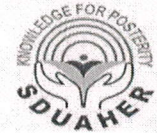
**CAMP PHOTO**







R L JALAPPA HOSPITAL & RESEARCH CENTRE  
Dept of Immunoematology and Blood  
Tamaka, Kolar



No: RLJH\KLR\IHBT\ 2024-25

Date: 21-04-2025

From:  
Professor & HOD  
Dept. of Immunoematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

Sub: Blood Donation camp reg..

As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Tata Electronics and systems, Narasapura on 24-04-2025.

Thanking you,

Yours sincerely

Professor & HOD , Dept. of IHBT  
BLOOD CENTRE OFFICER  
RLJH BLOOD CENTER  
(Under Dept. Immunoematology,  
RL Jalappa Hospital & Research Centre,  
Tamaka, Kolar)



No: RLJH/ADMN/ / KLR /2024-25

Dt: 21-04-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized Tata Electronics and systems, Narasapura on 24-04-2025.

1. Blood Center Officer	:	01
2. Dr Shriya /Abinaya	:	Post Graduate
3. Mr Chalapathy	:	DGHS Technician
4. Ms Priyanka	:	Lab Technician
5. Ms Kavitha	:	Lab Technician
6. Mr Arun Kumar	:	Lab Technician
7. Mr Purushotham	:	Lab Technician
8. Mrs Phebe	:	Lab Technician
9. Mr Hitesh	:	Staff Nurse
10. Mr Vijaya Kumar	:	Counselor
11. B.Sc Students	:	02
12. Attender	:	01

The above said staff may be relieved on 24-04-2025 at 7.30 am to attend the camp.

  
Camp In-Charge  
Dept. of IHBT

  
Prof & HOD  
Dept. of IHBT

  
Medical Superintendent  
RLJH & RC

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO.



No: RLJH/ADMN/ / KLR /2025-26

Dt: 12-05-2025

**OFFICE ORDER**

The following staff is deputed to attend the Blood Donation Camp organized  
Department of Community Medicine, Mulbagal on 16-05-2025.

1. Blood Center Officer	:	01
2. Post Graduate	:	
3. Mr Chalapathy	:	DGHS Technician
4. Ms Sireesha	:	Lab Technician
5. Mr Mahindra	:	Lab Technician
6. Mr Hitesh	:	Staff Nurse
7. Mr Vijaya Kumar	:	Counselor
8. B.Sc Students	:	03nos
9. Attender	:	01 nos

The above said staff may be relieved on 16-05-2025 at 8.30 am to attend the camp.

**Camp In-Charge**  
**Dept. of IHBT**  
(Under Department of Pathology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

**Prof & HOD**  
**Dept. of IHBT**  
(Under Department of Pathology)  
RLJH BLOOD CENTER  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

**Medical Superintendent**  
**RLJH & RC**

Cc to:

1. Prof & HOD, Dept of Pathology
2. The Blood Center Officer
3. CNO





**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



No: RLJH\KLR\IHBT\ 85\2025-26

Date: 19-05-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar

To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

Respected Sir,

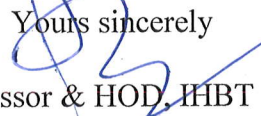
Sub: Blood Donation camp regarding.

A voluntary blood donation camp was organized Department of Community Medicine, SDUMC, Kolar on 16-05-2025. The camp went well and 24 units of blood were collected.

The NACO format is enclosed.

This is for your kind information.

Thanking you,

Yours sincerely  
  
Professor & HOD, IHBT



R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE



NACO FORMAT FOR VOLUNTARY BLOOD DONATION CAMP

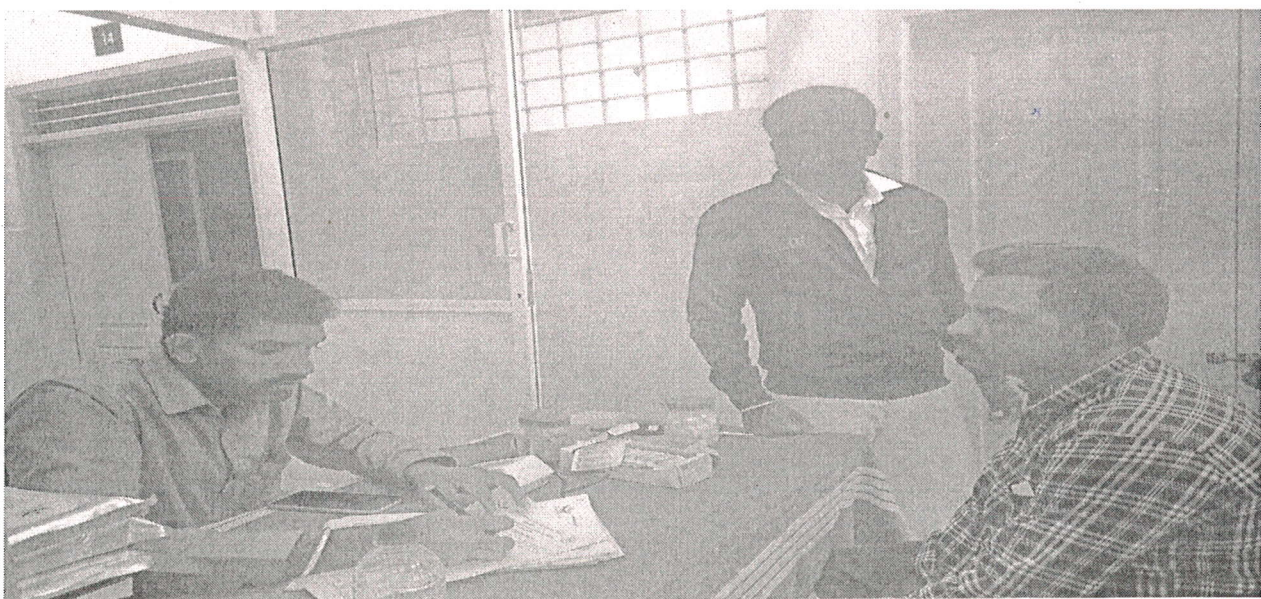
Sl. No	Name of the Organization holding the camp	Address of the Organizer	Name of the Organizer/Head Motivator	Telephone /Mobile Email
01	Department of Community Medicine	Lanco Toll Plaza Hanumanahalli (v) Mulbagal	Mr Rajesh PRO Department of Community Medicine	8296419575
Date of Blood Donation camp	No. of Blood Donors expected	Venue of Proposed camp	Availability of Infra-structure facilities	IEC material Provided to Organizers
16-05-2025	50	Campus	Yes	Yes
Arrival time of Camp venue	Starting time of Camp	No. of Blood Donors enrolled	No. of Blood Donors Donated	Male Donors (A)
8.30.00am	9.00am	0	24	24
Female Donors (B)	No. of Blood Donors Deferred	No. of Donors Reaction	Finishing time at camp	Donor Certificate Provided
0	0	nil	4 pm	Yes
Donor Badge /pin Provided	% sero reactivity for HIV	% sero-reactivity for HBV	% sero-reactivity for HCV	% reactive for Syphills
Yes	0	0	0	0
Grading of Camp	Remarks	Signature of Medical Officer		
A+				



**R L JALAPPA HOSPITAL & RESEARCH CENTRE  
BLOOD CENTRE**



**CAMP PHOTO**







R L JALAPPA HOSPITAL & RESEARCH CENTRE  
Dept of Immunohematology and Blood  
Tamaka, Kolar



No: RLJHKLR\IHBT\44\2025-26

Date: 12-05-2025

From:  
Professor & HOD  
Dept. of Immunohematology and Blood Transfusion  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.

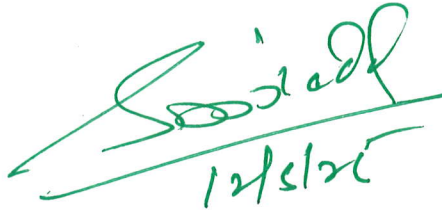
To:  
The Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar.


Respected Sir,

Sub: Blood Donation camp reg.

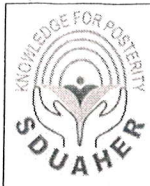
As per the subject above, we are requesting you to give permission to attend voluntary blood donation camp organized by Department of Community Medicine, Mulbagal on 16-05-2025.

Thanking you,

  
12/5/25

Yours sincerely  
  
BLOOD CENTER OFFICER  
RLJH BLOOD CENTER  
Professor & HOD, Dept. of IHBT  
(Dept. of Immunohematology)  
RL Jalappa Hospital & Research Center  
Tamaka, Kolar

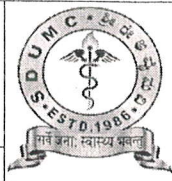




**SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH**

**SRI DEVARAJ URS MEDICAL COLLEGE**  
Tamaka, Kolar - 563103

**DEPARTMENT OF COMMUNITY MEDICINE**



NO: SDUMC/KLR/COMM/ /2025-26.

Date: 07-05-2025

From,  
The Professor & HoD,  
Department of Community Medicine  
SDUMC, Tamaka, Kolar.

To,  
The Professor & HoD's,  
SDUMC / RLJH & RC,  
Tamaka, Kolar – 563103

Respected Sir,

Sub: Request to depute the Consultant for General Health Camp at Lanco Toll Plaza Hanumanahalli (V) Mulabagal taluk, Kolar District on **16.05.2025, 10:00 AM -3:00 PM-Reg.**

The Dept. Of Community Medicine Will be conducting General Health Camp at Lanco Toll Plaza Hanumanahalli(V)Mulabagal taluk, Kolar District on **16.05.2025**. The departmental Heads of Medicine, Orthopedics, ENT, Opthamology, Surgery, Dermatology, OBG, Pediatrics, and CNO office, RLJH & RC are requested to depute a consultant for the said camp and mention the name of the consultant along with his / her contact number in the attached proforma. A vehicle has been arranged and it will leave the college campus at sharp 9:00 AM on the day of the camp. The consultant, so deputed, may be informed accordingly.

**Proforma for Intimation about the Consultants attending the Camp**

Sl.No.	Department	Name of the Consultants	Consultants Contact Numbers
1.	Medicine		
2.	OBG		
3.	Orthopedics		
4.	Dermatology		
5.	Surgery		
6.	ENT		
7.	Ophthalmology		
8.	Pathology		
9.	Community Medicine	Dr.Vivek Jayan(Asst Professor) Mrs.Sujatha (ANM), Mrs.Sujathamma(Lab Technician), Mrs.Nagaraj(Attender)	
10.	ECG Technician		
11.	ABRK Team		
12.	Blood donation camp		

**Note:** for further details contact Mr. Rajesh BG (PRO) in Community Medicine Dept. Mobile Number: 8296419575

Yours Sincerely

**Copy to:**

1. The Registrar, SDUAHER, Kolar.
2. The Principal, SDUMC, Kolar.
3. The Medical Superintendent, RLJH & RC,
4. O/c.

Professor & HoD  
Dept. of Community Medicine  
SDUMC, Kolar-563103

