

**Blood Bank License (Application) :**  
**H &FW**

Provided as a service in  
**Online Single Window of the  
State (SILPASATHI)**

Log on to [www.silpasathi.wb.gov.in](http://www.silpasathi.wb.gov.in) and click on 'Apply Online' button.

silpasathi.wb.gov.in/helpdesk

Select Language A+ A- A+ A- e

Apply Online Admin Login

HOME ABOUT KNOW YOUR COMPLIANCES ACTS & RULES E-SERVICES INCENTIVES/ SUBSIDIES/ SCHEMES GIS MAP NSW SECTOR SPECIFIC LICENSES CONTACT US

avail Trade License Certificate e-Service under the Department of UD&MA from <https://edistrict.wb.gov.in/PAGE/login.do> | The e-service for obtaining Land Conversion Certificate is currently unavailable

**Silpasathi**  
The Revamped State Single Window Portal

### Help Desk

**Silpa Sathi Single Window Cell**  
**Office Address:** Silpa Sathi Single Window Cell, West Bengal Industrial Development Corporation Limited Protiti, 23 Abanindranath Tagore Sarani (Camac Street), Kolkata - 700017, West Bengal, India  
**Helpline no. (Toll free) 1800-345-5562 | Email: [silpa.sathi@wbdc.com](mailto:silpa.sathi@wbdc.com)**  
**Phone:** +91 33 2255 3700 - 705, **Fax:** +91 33 2255 3737, **Web:** [www.silpasathi.wb.gov.in](http://www.silpasathi.wb.gov.in)

**Details Of Dealing/Nodal Offices**

SL. No.	Services/Department/Directorate/Parastatal	Dealing Officers	Nodal Officers
1	Approval of plan and permission to construct/extend/or take into use any building as a factory under the Factories Act, 1948 Directorate of Factories	<b>Sri Partha Bagchi</b> Dy. Director Email : <a href="mailto:gd9.doflb-wb@gov.in">gd9.doflb-wb@gov.in</a> M : 7595831021	<b>Sri Partha Bagchi</b> Dy. Director Email : <a href="mailto:gd9.doflb-wb@gov.in">gd9.doflb-wb@gov.in</a> M : 7595831021
2	Auto renewal of license for contractors under The Contracts Labour (Regulation and Abolition) Act, 1970 Labour Commissionerate	<b>Smt. Sharmila Khatua</b> Additional Labour Commissioner, Labour Commissionerate	<b>Smt. Sharmila Khatua</b> Additional Labour Commissioner, Labour Commissionerate

Query / Grievance

Click on 'Create new' button

silpasathi.wb.gov.in/user/login

**Silpasathi**  
State Single Window Portal for Industries

**Sign in to Continue**

TestUser

.....

5 + 3 =

**Log in**

Forgot password?

Sign in with your OTP


Don't have an account? **Create new**

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## Select the specific industry/entity type

← → × silpasathi.wb.gov.in/udyam-declaration ☆ 🌐 📄 📱 📧



### Silpasathi

State Single Window Portal for Industries


Silpasathi Portal is intended to provide statutory licences/certificates/registrations/renewals/incentives to Industry / Business / Commercial / Charitable Society / Govt. entities.

If you are an Industry / Business / Commercial / Charitable Society / Govt. entity \*

☐ MSME Sector(UDYAM) ☐ Large Industries(IEM PART-A) ☐ Large Industries(IEM PART-B) ☐ Charitable Society


☐ Govt Entities ☐ Exempted Category

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## Click on 'Continue' button

← → 🔄 silpasathi.wb.gov.in/udyam-declaration ☆ 🌐 📄 📱 📧



### Silpasathi

State Single Window Portal for Industries

Silpasathi Portal is intended to provide statutory licences/certificates/registrations/renewals/incentives to Industry / Business / Commercial / Charitable Society / Govt. entities.

If you are an Industry / Business / Commercial / Charitable Society / Govt. entity \*

☒ MSME Sector(UDYAM) ☐ Large Industries(IEM PART-A) ☐ Large Industries(IEM PART-B) ☐ Charitable Society


☐ Govt Entities ☐ Exempted Category

**Continue**

OR

Please apply for Udyam Registration with Aadhar Authentication, PAN & Bank Account details. **Go**

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The **'User Registration'** window will appear with the relevant fields that the applicant need to fill accurately and click on **'Register'** as shown by the below screenshot. In case the applicant already have an account, click on the **'Sign In'** button and login using valid User ID, password and Captcha

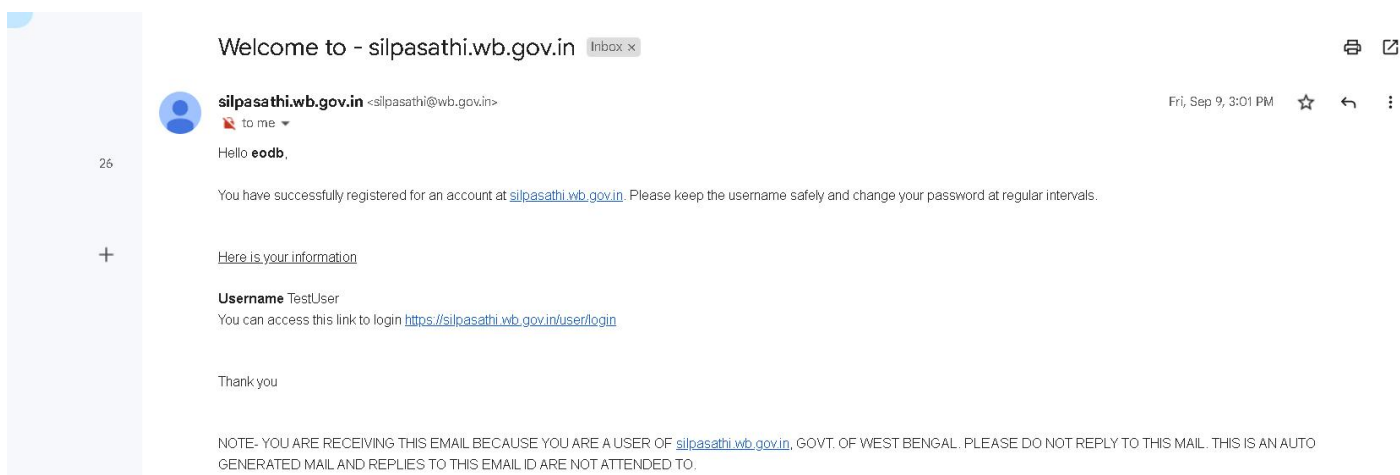
**Ease of Doing Business**  
Single Window Services for Business  
**"To Ride the growth,  
register your service"**

**User Registration**

First Name  
Middle Name  
Last Name  
Mobile Number  
Email  
Gender: ☒ Male ☐ Female ☐ Transgender  
Confirm Password  
**Register**  
Already have an account? [Sign In](#)

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Applicants will receive email confirmation. Please refer to the screenshot below



**Ease of Doing Business | Single Window Services for Business**

**ALL SERVICES**

**Welcome on Board**

System Guided Assistance Through Wizard | Self Assisted Service | Single Window Licenses for Tourism Industry

SL NO.	DEPARTMENT NAME	DETAILS
1	Labour	<a href="#">SOP Details</a>
2	WBPCB (Environment)	<a href="#">SOP Details</a>
3	WBDC (IC & E)	<a href="#">SOP Details</a>
4	WBIDCI (MSME & T)	<a href="#">SOP Details</a>



Click on 'All services' button and select the service 'Blood Bank License (Site Registration) : H &FW'

← → ↻ Not secure 202.61.117.237/eodbosw/add-service

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DASHBOARD ALL ESTABLISHMENTS ALL SERVICES PROCEDURE COMPREHENSIVE LIST QUERY/GRIEVANCES

For any technical query, kindly drop a mail at [helpdesk.silpasathi@gmail.com](mailto:helpdesk.silpasathi@gmail.com)

Select The Required Service(s)

Show 10 entries Search: bank

DEPARTMENT/DIRECTORATE/DISTRICT ADMINISTRATION	SERVICE NAME
<input checked="" type="checkbox"/> H & FW	Blood Bank License (Application)
<input type="checkbox"/> H & FW	Blood Bank License (Site Registration)

Showing 1 to 2 of 2 entries (filtered from 127 total entries) Previous 1 Next

Create CAF

System Guided Assistance Through Wizard

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The concerned service will be added to the user dashboard successfully and an unique CAF ID will be generated. Click on 'Apply Online'

← → ↻ Not secure 202.61.117.237/eodbosw/dashboard

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DASHBOARD ALL ESTABLISHMENTS ALL SERVICES PROCEDURE COMPREHENSIVE LIST QUERY/GRIEVANCES

For any technical query, kindly drop a mail at [helpdesk.silpasathi@gmail.com](mailto:helpdesk.silpasathi@gmail.com)

Service Added Successfully

Add Establishment System Guided Assistance Through Wizard Self Assisted Service Sector Specific License Query / Grievance Submission / Tracking Your Profile

Your Selected Service(s)

(Please click on to **Update Status** button every time at log in to get your updated status and Actionables)

\* Note: The applications not submitted past 90 days would be removed from this system.

BUSINESS REFERENCE ID : CAF2024000103 Apply Online

SL NO.	SERVICE	ACTION
1	<b>Blood Bank License (Application)</b> (WBRTPS Timeline: 90 days) ● User Created ● CAF Submitted ● Document Uploaded ● Save Component / Product ● Pay Now ● Upload Form27 ● Application Submitted ● Rectification (if required) ● Re-Submitted (if required) ● Download Certificate	

Once done, applicant needs to fill in the necessary details and click on 'Save and Continue'. Please refer to the screenshots below:

← → ↻ Not secure 202.61.117.237/eodbosw/caf/bloodmaincheck/ME/Vc0B/RVpndG9WYnA2akF4cXQZQT09/QnIBvdkRX8VehdQmRYR2pQUG5ldz09

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DASHBOARD ALL ESTABLISHMENTS ALL SERVICES PROCEDURE COMPREHENSIVE LIST QUERY/GRIEVANCES

For any technical query, kindly drop a mail at [helpdesk.silpasathi@gmail.com](mailto:helpdesk.silpasathi@gmail.com)

### Common Application Form - CAF2024000103

Process Start 10%

Do you have site registration ? \*

No

← Back Save & Continue

← → ↻ Not secure 202.61.117.237/eodbosw/caf/application122/ME/Vc0B/RVpndG9WYnA2akF4cXQZQT09/QnIBvdkRX8VehdQmRYR2pQUG5ldz09

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### Common Application Form - CAF2024000103

Process Start 10%

#### Firm Details

Application Type \* New Blood Center License

Name of Applicant \* Sample applicant

Name of the Proposed Firm \* Proposed Firm

Nature of Firm \* Hospital

The Premises and Plan Status \* will be ready

Premises and Plan will ready on \* Premises and Plan will ready on

#### Firm Address

Building No/ Holding No/ Daag No \* Building No/ Holding No/ Daag No

Street Name \* Street Name

Address Line 1 \* Address Line 1

Address Line 2 \* Address Line 2

District \* -select-

Police Station \* Police Station

Post Office \* Post Office

City / Village \* City / Village

Pincode \* Pincode

Plot / Mouza \* Plot / Mouza

Local Authority \* Select an option

#### Contact Details Of Establishment

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← → ↻ Not secure 202.61.117.237/eodbosw/caf/application122/ME/Vc0B/RVpndG9WYnA2akF4cXQZQT09/QnIBvdkRX8VehdQmRYR2pQUG5ldz09

### Trade Licence

Trade Licence \* ☒ Applied for Licence ☐ Available

#### Applicant Details

Name \* Name

Designation \* Designation

Address \* Address

Identity Type \* Aadhar

Identity No \* 626854531252

#### Staff Details

Name \* Name

Designation \* Designation

Address \* Address

Staff Type \* Select an option

QualificationNurse \* Select an option

Experience \* Experience

Add More Field

SL NO	NAME	DESIGNATION	ADDRESS	QUALIFICATION	EXPERIENCE	STAFF TYPE	ACTION
1	Name 1	Designation	Address	MASTER DEGREE IN SOCIAL WORK	3	Counselor	<a href="#">Edit</a>
2	Name 2	Designation	Address	GNM	5	Nurse	<a href="#">Edit</a>

← Back Save & Continue

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Once done, applicant needs to upload the necessary documents and then click on 'Submit'. Please refer to the screenshots below:

← → ↻ Not secure 202.61.117.237/eodboss/caf/upload-document/QnIBvdkRXBVeHdQmRYR2pQUGSldz09

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DASHBOARD ALL ESTABLISHMENTS ALL SERVICES PROCEDURE COMPREHENSIVE LIST QUERY/GRIEVANCES

For any technical query, kindly drop a mail at [helpdesk.slipasathi@gmail.com](mailto:helpdesk.slipasathi@gmail.com)

✓ Common application form data saved successfully.

### Upload Documents - CAF2024000103

33%

Sl. NO.	DOCUMENTS LIST	DOCUMENTS UPLOAD	UPLOADED DOCUMENTS
1	<b>Constitution of the firm</b> Allowed Extensions [pdf] Allowed File Upload Limit [200 KB]	1.pdf <a href="#">Remove</a>	No Document Uploaded
2	<b>Possession Document of the Premises: Current House Tax receipt/Consolidated Rate bill/ Registered Deed of Conveyance/Consent Letter from the Owner/ N.O.C in the form of affidavit before 1st Class Judicial Magistrate, Rent bill signed by owner or authorized signatory/as the case relate to Parcha/ Khajna, Dakhila from B.I &amp; L.R.O</b> Allowed Extensions [pdf] Allowed File Upload Limit [200 KB]	1.pdf <a href="#">Remove</a>	No Document Uploaded
3	<b>Power of attorney (if any) of applicant in Non- Judicial Stamp Paper as per Proforma</b> Allowed Extensions [pdf] Allowed File Upload Limit [200 KB]	1.pdf <a href="#">Remove</a>	No Document Uploaded
4	<b>resolutionFile</b> Allowed Extensions [pdf] Allowed File Upload Limit [200 KB]	1.pdf <a href="#">Remove</a>	No Document Uploaded
5	<b>Trade License/ Trade Enlistment Certificate, mentioning nature of trade</b> Allowed Extensions [pdf] Allowed File Upload Limit [200 KB]	1.pdf <a href="#">Remove</a>	No Document Uploaded

<< Back [Save & Continue >>](#)

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← → ↻ Not secure 202.61.117.237/eodboss/caf/application-preview/QnIBvdkRXBVeHdQmRYR2pQUGSldz09/dUZVWmR6bVA5L0y5GgzcHweHlUUT09

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DASHBOARD ALL ESTABLISHMENTS ALL SERVICES PROCEDURE COMPREHENSIVE LIST QUERY/GRIEVANCES

For any technical query, kindly drop a mail at [helpdesk.slipasathi@gmail.com](mailto:helpdesk.slipasathi@gmail.com)

✓ **Successfully Uploaded**  
Documents has been successfully uploaded.

### Common Application Form Preview - CAF2024000103

Almost Completed 87%

PARAMETERS	INPUTS
<b>1. Firm Details</b>	
Application For	New Blood Center License
Name of Applicant	Sample applicant
Name of the Proposed Firm	Proposed Firm
Nature of Firm	Hospital
<b>2. Firm Address</b>	
Building No/ Holding No/Doag No	12
Street Name	Street Name
Address Line 1	Address Line 1
Address Line 2	
District	North Kolkata
Police Station	Police Station

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← → ↻ 🔒 Not secure 202.61.117.237/eodbosw/caf/application-preview/QnIBvdkRXBvHdiQmRYR2pQUGSldz09/QUZVWmR6bVASL0y5GgezHlweHIUUT09

Trade Licence

Applied for Licence

Trade License No

6. Applicant Details

Applicant Name

Name

Designation

Designation

Address

Address

Identity Type

Aadhar

Identity No

626854531252

7. Staff Details

SL NO	NAME	DESIGNATION	ADDRESS	QUALIFICATION	EXPERIENCE	STAFF TYPE
1	Name 1	Designation	Address	MASTER DEGREE IN SOCIAL WORK	3	Counselor
2	Name 2	Designation	Address	GNM	5	Nurse

UPLOADED SUPPORTING DOCUMENTS

Power of attorney (if any) of applicant in Non- Judicial Stamp Paper as per Proforma

View

Possession Document of the Premises: Current House Tax receipt/Consolidated Rate bill/ Registered Deed of Conveyance/Consent Letter from the Owner/ h.O.C in the form of affidavit before 1st Class Judicial Magistrate, Rent bill signed by owner or authorized signatory/as the case relate to Parcha/ Khajna, Dakhila from BL & LR.O

View

Trade License/ Trade Enlistment Certificate, mentioning nature of trade

View

Constitution of the firm

View

resolutionFile

View

☒ I hereby declare that the particulars given above are true to the best of my knowledge and belief \*

Submit

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← → ↻ 🔒 Not secure 202.61.117.237/eodbosw/caf/submitted/b2Jsl1A1WEkrQ09hZfpNbklMvPUQT09/QnIBvdkRXBvHdiQmRYR2pQUGSldz09

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DASHBOARD

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PROCEDURE COMPREHENSIVE LIST

QUERY/GRIEVANCES

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Current Status-CAF2024000103

NAME OF THE SERVICES		CURRENT STATUS	DATE
Blood Bank License (Application)	User Created	Completed	
	CAF Submitted	Completed	
	Document Uploaded	Completed	
	Save Component / Product	Pending	
	Pay Now	Pending	
	Upload Form27	Pending	
	Application Submitted	Pending	
	Rectification (if required)	Pending	
	Re-Submitted (if required)	Pending	
	Download Certificate	Pending	

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***Applicant needs to save the necessary component/ product to proceed further. Please refer to the screenshots below:***



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PROCEDURE COMPREHENSIVE LIST

QUERY/GRIEVANCES

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Add Establishment

System Guided Assistance Through Wizard

Self Assisted Service

Sector Specific License

Query / Grievance Submission / Tracking

Your Profile

Your Selected Service(s)

Business Reference ID : CAF2024000103

SL NO.

SERVICE

ACTION

1

Blood Bank License (Application) (WBRTS Timeline: 90 days)

User Created

CAF Submitted

Document Uploaded

Save Component / Product

Pay Now

Upload Form27

Application Submitted

Rectification (if required)

Re-Submitted (if required)

Download Certificate

Click to Save Product

Ease of Doing Business | Single Window Services for Business

For any technical query, kindly drop a mail at [helpdesk.silpasathi@gmail.com](mailto:helpdesk.silpasathi@gmail.com)

Add Components/Products- CAF2024000103

CATEGORY NAME	REGISTRATION FEES	INSPECTION FEES	ADDITIONAL FEES	TOTAL FEES
<input type="checkbox"/> Whole Blood	6000	1500	0	7500
<input type="checkbox"/> Human Red Blood Corpuscle Concentrate	0	0	300	300
<input type="checkbox"/> Platelet Rich Plasma	0	0	300	300
<input type="checkbox"/> Platelet Concentrate	0	0	300	300
<input type="checkbox"/> Fresh Frozen Plasma	0	0	300	300
<input type="checkbox"/> Single Donor Platelet/Plateletpheresis	0	0	300	300
<input type="checkbox"/> Cryoprecipitate( Anti Haemophilic Factor)	0	0	300	300
<input type="checkbox"/> CryoPoor Plasma	0	0	300	300
<input type="checkbox"/> Washed RBC	0	0	300	300
<input type="checkbox"/> Plasmapheresis	0	0	300	300
<input type="checkbox"/> Leucopheresis	0	0	300	300
<input type="checkbox"/> Leucocyte depleted concentrated Human RBC	0	0	300	300
<input type="checkbox"/> Leucocyte reduced Concentrated Human RBC	0	0	300	300
<input type="checkbox"/> Granulocyte Concentrate (Buffy coat)	0	0	300	300
<input type="checkbox"/> Irradiated platelet concentrate	0	0	300	300
<input type="checkbox"/> Irradiated Human Red Blood Corpuscle	0	0	300	300
<input type="checkbox"/> Saline Washed Red Cell	0	0	300	300
<input type="checkbox"/> Random Donor Platelet Concentrate	0	0	300	300
<input type="checkbox"/> Thawed Plasma	0	0	300	300
<input type="checkbox"/> Liquid Plasma	0	0	300	300

Upload & Continue

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Add Components/Products- CAF2024000103

CATEGORY NAME	REGISTRATION FEES	INSPECTION FEES	ADDITIONAL FEES	TOTAL FEES
<input checked="" type="checkbox"/> Whole Blood	6000	1500	0	7500
<input type="checkbox"/> Human Red Blood Corpuscle Concentrate	0	0	300	300
<input checked="" type="checkbox"/> Platelet Rich Plasma	0	0	300	300
<input type="checkbox"/> Platelet Concentrate	0	0	300	300
<input type="checkbox"/> Fresh Frozen Plasma	0	0	300	300
<input type="checkbox"/> Single Donor Platelet/Plateletpheresis	0	0	300	300
<input type="checkbox"/> Cryoprecipitate( Anti Haemophilic Factor)	0	0	300	300
<input type="checkbox"/> CryoPoor Plasma	0	0	300	300
<input type="checkbox"/> Washed RBC	0	0	300	300
<input type="checkbox"/> Plasmapheresis	0	0	300	300
<input type="checkbox"/> Leucopheresis	0	0	300	300
<input type="checkbox"/> Leucocyte depleted concentrated Human RBC	0	0	300	300
<input type="checkbox"/> Leucocyte reduced Concentrated Human RBC	0	0	300	300
<input type="checkbox"/> Granulocyte Concentrate (Buffy coat)	0	0	300	300
<input type="checkbox"/> Irradiated platelet concentrate	0	0	300	300
<input type="checkbox"/> Irradiated Human Red Blood Corpuscle	0	0	300	300
<input type="checkbox"/> Saline Washed Red Cell	0	0	300	300
<input type="checkbox"/> Random Donor Platelet Concentrate	0	0	300	300
<input type="checkbox"/> Thawed Plasma	0	0	300	300
<input type="checkbox"/> Liquid Plasma	0	0	300	300

Upload & Continue

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DASHBOARD

ALL ESTABLISHMENTS

ALL SERVICES

PROCEDURE COMPREHENSIVE LIST

QUERY/GRIEVANCES

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Category Whole Blood is saved

Category Platelet Rich Plasma is saved

Current Status-CAF2024000103

NAME OF THE SERVICES		CURRENT STATUS	DATE
Blood Bank License (Application)	User Created	Completed	
	CAF Submitted	Completed	
	Document Uploaded	Completed	
	Save Component / Product	Completed	
	Pay Now	Pending	
	Upload Form27	Pending	
	Application Submitted	Pending	
	Rectification (if required)	Pending	
	Re-Submitted (if required)	Pending	
	Download Certificate	Pending	

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Once done,applicant needs to click on 'Pay Now' for proceeding with the payment and click on 'Confirm Payment' complete the process:

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DASHBOARD

ALL ESTABLISHMENTS

ALL SERVICES

PROCEDURE COMPREHENSIVE LIST

QUERY/GRIEVANCES

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Add Establishment

System Guided Assistance Through Wizard

Self Assisted Service

Sector Specific License

Query / Grievance Submission / Tracking

Your Profile

Your Selected Service(s)

(Please click on to Update Status button every time at log in to get your updated status and Actionables)

\* Note : The applications not submitted more 90 days would be removed from the system.

BUSINESS REFERENCE ID : CAF2024000103

Update Status

SL NO.	SERVICE	ACTION
1	<div><div>Blood Bank License (Application) (WBRTPS Timeline: 90 days)</div><div><div>User Created</div><div>CAF Submitted</div><div>Document Uploaded</div><div>Save Component / Product</div><div>Pay Now</div><div>Upload Form27</div><div>Application Submitted</div><div>Rectification (if required)</div><div>Re-Submitted (if required)</div><div>Download Certificate</div></div></div>	<div>Pay Now</div>

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PROCEDURE COMPREHENSIVE LIST

QUERY/GRIEVANCES

For any technical query, kindly drop a mail at [helpdesk.silpasathi@gmail.com](mailto:helpdesk.silpasathi@gmail.com)

Payments Details-CAF2024000103

Details of the depositor

Dept. Payment Reference Number	EODB315801925709384	<div>Note: By pressing "Confirm Payment" button you are redirected to Grips portal, please do not press back button or refresh. You will automatically redirect to dashboard after successful payment. Please don't be confused if not redirected automatically, your payment status will be updated shortly.</div>
CAF Number	CAF2024000103	
Name	Ananda Pramanik	
Email	ananda.pramanik@gmail.com	
Mobile	9378344353	

Service wise fees details

SL. NO.	NAME OF THE SERVICES	PURPOSE	HEAD OF ACCOUNT	PAYABLE AMOUNT(RS.)
1	Blood Bank License (Application)	Blood Bank Fees	0210-01-107-001-13	7800
Total				7800

<< Back

Confirm Payment

← → ↻ https://uat.wbifms.gov.in/GRIPS/v2/#/g2-payment/external?uid=1b308cc1-91a4-4376-abc5-44e94864a96b&data1=aae85d9b2914c345a2d6a599a88beb74e2a0121e133e8ee379c69e608300e74f

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**Payment**

1 Review and Confirmation 2 Payment Mode and Bank Selection 3 Transaction Details

You must complete this step in 4 minutes 58 seconds.

• Please review the details carefully below, and click "Verified and Checked" if you are satisfied that all information is reflected correctly.

**Depositor Details**

Depositor Name	Mobile No.	Email	Address1
Ananda Pramanik	9378344353	ananda.pramanik@gmail.com	Kolkata

**1. Health & Family Welfare → Miscellaneous Service-Other Payment Receipt ₹7800**

**Department Details**

Organization Type	Organization Name	Service Name	User Type
Government	Health & Family Welfare	Miscellaneous Service-Other Payment Receipt	Citizen
Ref. No.	Identification No.	Period From	Period To
CAF2024000103	03330220241707999722	15/02/2024	15/02/2024
Remarks	On Behalf Of	In Favour Of	
Payment for -Blood Bank License (Application)	H & FW	H & FW	

← → ↻ https://uat.wbifms.gov.in/GRIPS/v2/#/g2-payment/external?uid=1b308cc1-91a4-4376-abc5-44e94864a96b&data1=aae85d9b2914c345a2d6a599a88beb74e2a0121e133e8ee379c69e608300e74f

CAF2024000103	03330220241707999722	15/02/2024	15/02/2024
Remarks	On Behalf Of	In Favour Of	
Payment for -Blood Bank License (Application)	H & FW	H & FW	

**Service and Tax Details**

Subservice Name	HoA Description	Head of Account	Amount
DRUG	Receipt Under Drugs Act	0210-01-107-001-13	7800

**TOTAL ₹7800**

Rupees Seven Thousand Eight Hundred only

☒ Verified and checked

**NEXT**

You must complete this step in 4 minutes 50 seconds.

Government Receipt Portal System

← → ↻ https://uat.wbifms.gov.in/GRIPS/v2/#/g2-payment/external?uid=1b308cc1-91a4-4376-abc5-44e94864a96b&data1=aae85d9b2914c345a2d6a599a88beb74e2a0121e133e8ee379c69e608300e74f

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**Payment**

1 Review and Confirmation 2 Payment Mode and Bank Selection 3 Transaction Details

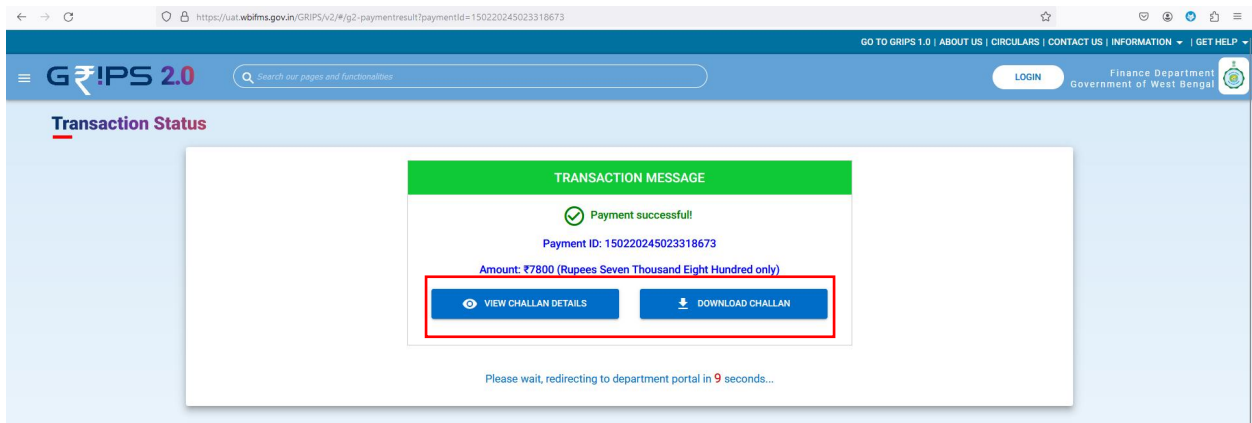
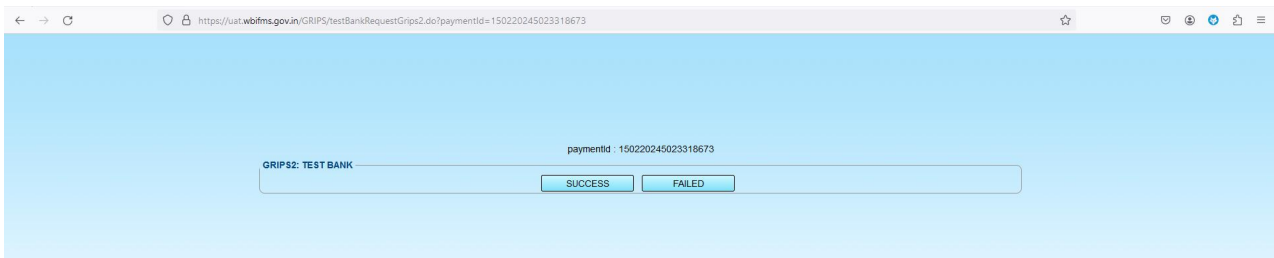
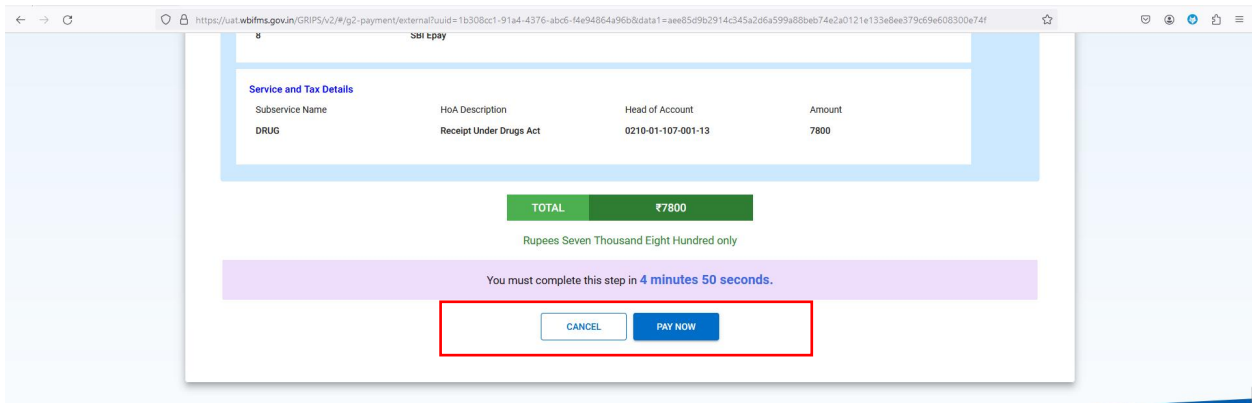
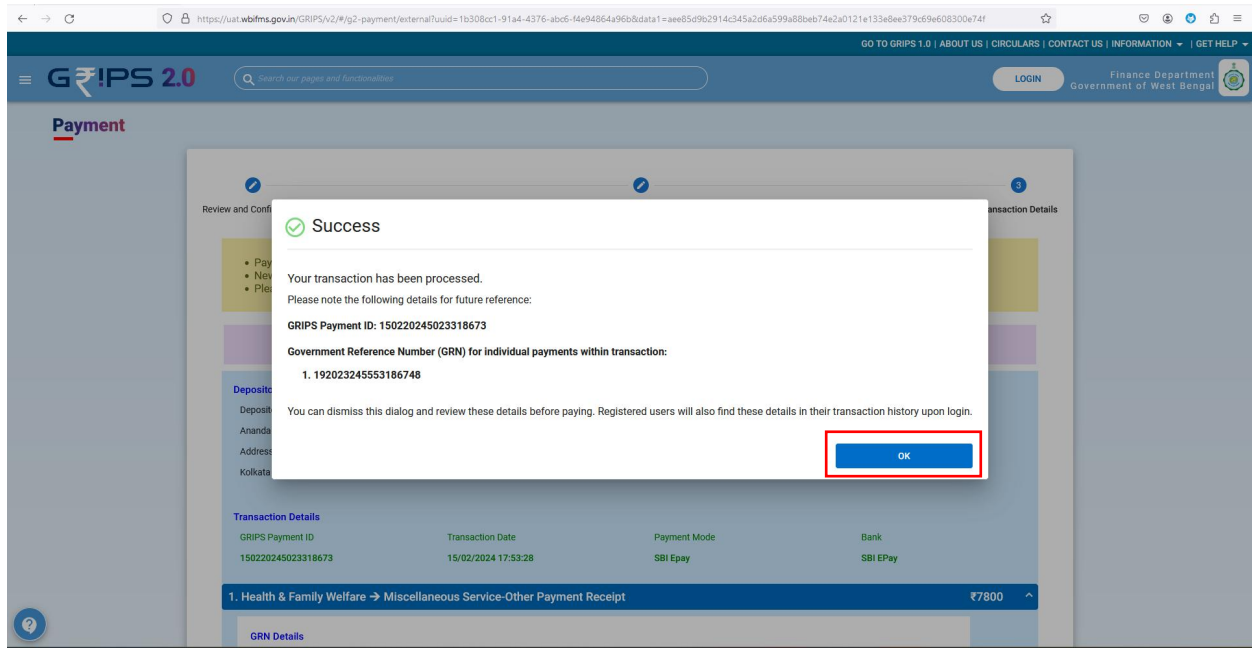
You must complete this step in 4 minutes 44 seconds.

**Counter Payment**

**SBI Epay**

Pay through \* Payment Gateway/Bank

**BACK NEXT**



Once done, applicant will be directed to the 'Check status' page where the updated status can be viewed.  
Please refer to the below mentioned screenshots:

← → 202.61.117.237/eodbsw/caf/submitted/ME/Vc08/RVpndG9WYnA2akF4cXZQT09/QnIBvVxRXBVeHdIQmRYR2pQUG5Ido9

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DASHBOARD ALL ESTABLISHMENTS ALL SERVICES PROCEDURE COMPREHENSIVE LIST QUERY/GRIEVANCES

For any technical query, kindly drop a mail at [helpdesk.silpasathi@gmail.com](mailto:helpdesk.silpasathi@gmail.com)

API Response : Payment has been saved successfully.

Current Status-CAF2024000103

NAME OF THE SERVICES		CURRENT STATUS	DATE
Blood Bank License (Application)	User Created	Completed	
	CAF Submitted	Completed	
	Document Uploaded	Completed	
	Save Component / Product	Completed	
	Pay Now	Completed	
	Upload Form27	Pending	
	Application Submitted	Pending	
	Rectification (if required)	Pending	
	Re-Submitted (if required)	Pending	
	Download Certificate	Pending	

Once done, applicant needs to **download and upload the duly signed Form 27** as mentioned in the screenshots below:

← → 202.61.117.237/eodbsw/dashboard

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Add Establishment System Guided Assistance Through Wizard Self Assisted Service Sector Specific License Query / Grievance Submission / Tracking Your Profile

Your Selected Service(s)

(Information on the update status custom entry form of the application is not shown and completed)

\* Note: The applications not submitted past 90 days would be removed from the system.

BUSINESS REFERENCE ID : CAF2024000103

SL NO.	SERVICE	ACTION
1	<b>Blood Bank License (Application)</b> (WBTPS Timeline: 90 days) User Created CAF Submitted Document Uploaded Save Component / Product Pay Now Upload Form27 Application Submitted Rectification (if required) Re-Submitted (if required) Download Certificate	Download / Upload Form 27

← → 202.61.117.237/eodbsw/upload-download-form27/ME/Vc08/RVpndG9WYnA2akF4cXZQT09/QnIBvVxRXBVeHdIQmRYR2pQUG5Ido9

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Download and Upload Form 27 - CAF2024000103

Process Start 10%

Click Here To Download Form 27

Upload form 27 file (PDF only) \*

Browse... No file selected. Upload

Upload & Continue



Form 27C

FORM 27C [See rule 122-F]

Application for Grant of licence for the operation of a blood bank for processing of whole blood and / or \* preparation of blood components

1. WWe of Proposed Firm grant of licence to operate a Blood Bank, for processing of whole blood and / or\* for preparation of its components on the premises situated at 12, Street Name, Address Line 1, , P.O.- Birati, P.S.- Police Station , City, North Kolkata, Pin- 700051.

2. Name(s) of the item (s):

Whole Blood  
Platelet Rich Plasma

3. The name(s), qualification and experience of competent Technical staff are as under:  
(a) Name of Medical Officer: Name 1  
(b) Name of Technical Supervisor:  
(c) Name of Registered Nurse: Name 2  
(d) Name of Blood Bank Technicians:

4. The premises and plant will be ready for inspection on :01/04/2024

5. A licence fee of rupees 7800.0 and an inspection fee of rupees 1500.0 has been credited to the Government under the Head of Account 0210-01-107-001-13

Signature:- .....

Name & Designation:- .....

Note 1 : The application shall be accompanied by a plan of the premises, list of machinery and equipment for collection, processing, storage and testing of whole blood and its components, memorandum of experience of the competent technical staff and documents relating to ownership or tenancy of the premises.

Note 2 : A copy of the application together with the relevant enclosures shall also be sent to the Central Licence Approving Authority and to the concerned Zonal, Sub æ Zonal Officers of the Central Drugs Standard Controls Organization

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Download and Upload Form 27 – CAF2024000103

Process Start 10%

Click Here To Download Form 27

Upload form 27 file (PDF only) \*

Browse... form\_27\_file\_10.pdf

Upload

Upload & Continue

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DASHBOARD ALL ESTABLISHMENTS ALL SERVICES PROCEDURE COMPREHENSIVE LIST QUERY/GRIEVANCES

For any technical query, kindly drop a mail at [helpdesk.silpasathi@gmail.com](mailto:helpdesk.silpasathi@gmail.com)

Download and Upload Form 27 – CAF2024000103

Process Start 10%

Click Here To Download Form 27

Upload form 27 file (PDF only) \*

form\_27\_file\_10.pdf

Remove

Upload & Continue

← → ↻ 202.61.117.237/eodbosw/dashboard

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Add Establishment

System Guided Assistance Through Wizard

Self Assisted Service

Sector Specific License

Query / Grievance Submission / Tracking

Your Profile

**Your Selected Service(s)**  
(Please click on to **Update Status** button every time at log in to get your updated status and Actionables)

\* Note: The applications not submitted over 90 days would be removed from the system.

📋 BUSINESS REFERENCE ID : CAF2024000103

Update Status

SL NO.	SERVICE	ACTION
1	<b>Blood Bank License (Application)</b> (WBRTPS Timeline: 90 days) 🟢 User Created → 🟢 CAF Submitted → 🟢 Document Uploaded → 🟢 Save Component / Product → 🟢 Pay Now → 🟢 Upload Form27 → 🟢 Application Submitted 🟡 Rectification (If required)   🟡 Re-Submitted (If required)   🟡 Download Certificate	<div>Click to Proceed</div>

**Once the application gets approved by the Department, applicant will be able to download the approved certificate from his dashboard by clicking on ‘Download Certificate’**

← → ↻ Not secure 202.61.117.237/eodbosw/dashboard

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✉ For any technical query, kindly drop a mail at [helpdesk.silhasathi@gmail.com](mailto:helpdesk.silhasathi@gmail.com)

Add Establishment

System Guided Assistance Through Wizard

Self Assisted Service

Sector Specific License

Query / Grievance Submission / Tracking

Your Profile

**Your Selected Service(s)**  
(Please click on to **Update Status** button every time at log in to get your updated status and Actionables)

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📋 BUSINESS REFERENCE ID : CAF2024000103

Update Status

SL NO.	SERVICE	ACTION
1	<b>Blood Bank License (Application)</b> (WBRTPS Timeline: 90 days) 🟢 User Created → 🟢 CAF Submitted → 🟢 Document Uploaded → 🟢 Save Component / Product → 🟢 Pay Now → 🟢 Upload Form27 → 🟢 Application Submitted 🟢 Rectification (If required)   🟢 Re-Submitted (If required)   🟢 Download Certificate	<div>Download Certificate</div>