Sujay Netra Seva

Phaco & Lasik Laser Center

सुजय नेत्र सेवा

An ISO 9001-2008 Certified Eye Hospital

Dr. Nanasaheb Khare **Dr. Sunita Khare**

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In Association with

M.V.P.S. DR. VASANTRAO PAWAR MEDICAL COLLEGE HOSPITAL & RESEARCH CENTRE, NASHIK - 3

Ph. No. : (0253) 2303802 / 2303923

EYE BANK

DONATION OF EYES - INDIVIDUAL PLEDGE

Authority for Removal of eyes after death

I, (नाव) _____ son / daughter / wife of

_____ Aged (वय) _____

residing at (पत्ता) _____

hereby express my frank pledge for the removal of eyes after my death from my body by a registered medical practitioner / Technician trained in enucleation for use for therapeutic / Research / Training purposes. I have been explained and I understand all the aspects of such donation. I enjoin members of my family to put this pledge into effect soonest after my death.

Place : _____ Phone No. (फोन नं.) _____ Signature : (सही) _____

Date : / / Time :

1. Witness (Next to Kin) (साक्षीदार) : _____
   Signature : _____
   Name : _____
   Relationship : _____
   Address : _____
   Phone Number (फोन नं.) : _____

2. Witness (Next to Kin) (साक्षीदार) : _____
   Signature : _____
   Name : _____
   Relationship : _____
   Address : _____
   Phone Number (फोन नं.) : _____