



RAJBALHAT CULTURAL CIRCLE

VILL & PO-RAJBALHAT (SUPARIBAGAN),PS- JANGIPARA,
DIST- HOOGHLY,PIN-712408, WEST BENGAL
PHONE NO-8001558644/9474132259

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Societies Reg. No.SO086540, Govt.ERC License No: ERC/72/2023

Life Member Eye Bank Association of India, Membership No-INST-L-2474



Date*

Posthumous Eye Donation Pledge Form

Only
'Individuals'
to affix
recent
photograph
(3.5 cm x
2.5 cm)

NAME*

AGE*YRS/DAY/MONTH, SEX*

S/O,D/O,W/O*

VILL/LOCALITY*

PO*

PS*

DIST*

PIN*

STATE*

PHONE NO*

I wish to donate my eyes to the nation after my death. Kindly inform the nearest Eye Retrieval Centre (ERC) & Eye Bank immediately after my demise and help them fulfill my desire.

.....
Signature*

Witness:-

1) FULL NAME*Signature*

2) FULL NAME*Signature*

NB:- 1) ALL STAR (*) MARK FILL UP MANDATORY.

2) THIS FORM SHOULD BE FILLED IN TWO COPIES WITH PHOTOGRAPH.

3) ALL FORMS EXCEPT SIGNATURE MUST BE FILLED IN CAPITAL LETTERS IN ENGLISH.

FOR OFFICE USE ONLY

Name..... I received your Posthumous Eye Donation

Pledge Form. Your Pledge Form no is:- ERC/PEDPF/

Date.....

Signature & Seal