

MIZORAM EYE BANK

CIVIL HOSPITAL : AIZAWL – 796001

Regn. No.1/2008

Eye Bank : 9436354701 (M)

Phone : 2325353

Fax : 0389 – 2325353

**UNIFORM DONOR PLEDGE**

In the hope that i may help others, i hereby make this anatomical gift, if medically acceptable to take effect upon my death. The words and marks below indicate my desires.

I give my eyes for the purpose of transplantation, medical research or education. I further direct my next of kin herein named to execute this gift after my death.

I would like my next of kin notified of my pledge to donate. Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Mr. Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Donor Name of next of kin

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Donor Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Pin Code

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City, State, Pin Code Phone Number

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Phone Number Signature of Witness

Physician’s Name, Address, Phone No.