

(Print this form and send it)

Form-5-Rule 4(2)(a)TOHOA

EYE DONATION PLEDGE

GURU GOBIND SINGH INTERNATIONAL EYE BANK

31, DEFENCE ENCLAVE, VIKAS MARG

DELHI-110 092,INDIA

website : www.ggsieye.com ,visioncareindia.com

(Life Member of Eye Bank Association of India)

(Member of the International Federation of Eye Banks)

Ph:91-11- 22542325, 2243788 Fax No.91-11-22545353

IS/o, D/o, W/o,

Shri.....

aged.....**resident**

of.....

.....**in the presence of persons mentioned below here by**
unequivocally authorize the removal of my eyes from my body after my
death for therapeutic purposes.

Signature of the Donor

1. Witness (signature)

Relationship:-

Shri/Smt./Km.....

aged.....**resident of**.....

.....

2. Witness (signature)

Relationship:-

Shri/Smt./Km.....

aged.....**resident of**.....

.....

Name of Nearest Hospital.....

.....

..

Physician Name.....

For Official Use

Donor Card No.....

Date.....