

CareVista Superspeciality Hospital

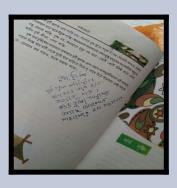
Contact Number: 2233-0404/0808 Email Us @careVista@gmail.com Kolkata, WB, India

LIVING DONOR CARD



Directed By General of Health Services Ministry of Family Welfare Govt. Of India

DONOR DETAILS



Date: 22-12-2002 **Donor Registration Number:** ODL620737d4e4ac6

I, **Esha Roy**, S/O, D/O **Abir Roy**, Age **28 years**, hereby pledge to donate the following from my body for therapeutic purpose as a Living Donor.

Organ(s): Kidney,

Tissue(s): Bone marrow cells,

Blood Group: <u>A RhD negative (A-)</u> **Contact Number:** 8926472877

Emergency Contact Name: Swagnik Roy

Adhaar Card Number: 131324246756

E-mail ID: esha@gmail.com

Emergency Contact Number: 8912667349