



***CareVista Superspeciality Hospital***

*Contact Number: 2233-0404/0808*

*Email Us @careVista@gmail.com*

*Kolkata, WB, India*

**DECEASED DONOR CARD**



***Directed By General of Health Services***

***Ministry of Family Welfare***

***Govt. Of India***

# DONOR DETAILS



**Date:** 17-02-2022

**Donor Registration Number:** ODD620e5d2f616b2

*I, **Tanumoy De**, S/O, D/O **Supriya De**,*

*Age **34 years**, hereby pledge to donate the following from my body for therapeutic purpose as a Deceased Donor after my death(Brain Stem/Cardiac).*

**Organ(s):** Heart, Two Lungs, Pancreas, Liver (2 recipients), Two Kidneys,

**Tissue(s):** Corneas (the part of the eye in front of the iris), Bones, Skin, Veins, Heart Valves, Ligaments, Tendons,

**Blood Group:** B RhD positive (B+)

**Contact Number:** 8926472877

**Emergency Contact Name:** Tamaly De

**Adhaar Card Number:** 798236361098

**E-mail ID:** tanumoyde@gmail.com

**Emergency Contact Number:** 9899765434