



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: 22-02-2022

Donor Registration Number: ODD6214e459ac028

*I, **Sohini Roy**, S/O, D/O **Saheli Roy**,*

*Age **22 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: A RhD negative (A-)

Contact Number: 9876543210

Emergency Contact Name: Sachin Aggarwal

Adhaar Card Number: 128733267809

E-mail ID: sohini@gmail.com

Emergency Contact Number: 8912667349