



***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:** ODL6207331362806

*I, **Subham Bhattacharjee**, S/O, D/O **Pradip Kumar Bhattacharjee**,  
Age **21 years**, hereby pledge to donate the following from my body for  
therapeutic purpose as a Living Donor.*

**Organ(s):** *Kidney, Liver,*

**Tissue(s):** *Bone marrow cells,*

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

**Contact Number:** 8902764506

**Emergency Contact Name:** Suparna Bhattacharjee

**Adhaar Card Number:** 456789012345

**E-mail ID:** subham040800@gmail.com

**Emergency Contact Number:** 8981325373