



***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:** ODL62073532c0ab2

*I, **Sachin Agarwal**, S/O, D/O **Suresh Agarwal**,  
Age **22 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:*** A RhD negative (A-)

**Contact Number:** 8926472877

**Emergency Contact Name:** Sohini Roy

**Adhaar Card Number:** 789923145786

**E-mail ID:** abc@example.com

**Emergency Contact Number:** 8912667349