



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: abc@example.com

Emergency Contact Number: 8981325373