



CareVista Superspeciality Hospital

Contact Number: 2233-0404/0808

Email Us @careVista@gmail.com

Kolkata, WB, India

DECEASED DONOR CARD

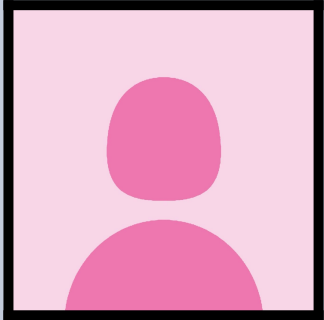


Directed By General of Health Services

Ministry of Family Welfare

Govt. Of India

DONOR DETAILS



Date: 30-03-2022

Donor Registration Number: ODD6243ed3f4e4e9

*I, **Jane Doe**, S/O, D/O **John Doe**,*

*Age **19 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):

Blood Group: AB RhD negative (AB-)

Contact Number: 9191919191

Emergency Contact Name: Jupiter Doe

Adhaar Card Number: 228910223489

E-mail ID: janedoe@example.com

Emergency Contact Number: 9911991199