



***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:** 07-04-2022

**Donor Registration Number:** ODL624e8db35f55e

*I, **Ayesha De**, S/O, D/O **Satyen De**,*

*Age **6 years**, hereby pledge to donate the following from my body for therapeutic purpose as a Living Donor.*

**Organ(s):** *One of the Kidneys,*

**Tissue(s):** *Skin—after surgeries such as a tummy tuck,*

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

**Contact Number:** 9011893411

**Emergency Contact Name:** Satyen De

**Adhaar Card Number:** 111111111111

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

**Emergency Contact Number:** 9011980092