



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: 15-02-2022

Donor Registration Number: ODD620ba53460844

*I, **Rajashree Ghosh**, S/O, D/O **Raja Ghosh**,*

*Age **21 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): Corneas (the part of the eye in front of the iris), Bones, Skin, Veins, Heart Valves, Ligaments, Tendons,

Blood Group: O RhD positive (O+)

Contact Number: 8910227830

Emergency Contact Name: Srabanti Ghosh

Adhaar Card Number: 123456781234

E-mail ID: abc@example.com

Emergency Contact Number: 8981325373