



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: 29-03-2022

Donor Registration Number: ODL62433dceb7263

*I, **Srabanti Ghosh**, S/O, D/O **Arun Basu**,*

*Age **49 years**, hereby pledge to donate the following from my body for therapeutic purpose as a Living Donor.*

Organ(s): *One of the Kidneys, One Liver Lobe, Part of Lung, Part of Pancreas, Part of Intestine,*

Tissue(s): *Skin—after surgeries such as a tummy tuck, Bone—after knee and hip replacements., Healthy cells from bone marrow and umbilical cord blood., Amnion —donated after childbirth.,*

Blood Group: O RhD positive (O+)

Contact Number: 8981325273

Emergency Contact Name: Raja Ghosh

Adhaar Card Number: 112133459081

E-mail ID: srabantighosh73@gmail.com

Emergency Contact Number: 8910749874