



Memo No.:

Date:

PLEDGE FORM / SELF DECLARATION FORM

(Consent for Eye Donation after death of the person)

PARTICULARS / DETAILS OF THE DONOR

Name of the Donor :
Father's / Husband's Name :
Date of Birth / Age : Gender :
Religion : Nationality :
Occupation : Mobile No. :
Govt. ID Card Number : Type of Govt. ID:
Full Address with Police Station :

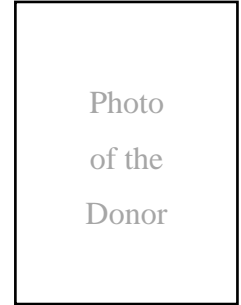


Photo
of the
Donor

DECLARATION BY THE DONOR

- I am mentally fit for proper and independent judgement and I would like to donate my both the eyes to Eye Bank of Maharaja Jitendra Narayan Medical College & Hospital, P.O. & Dist- Cooch Behar after my demise.
- I hereby declare that my eyes shall be used for the benefit of medical sciences.
- I also state that I give this consent to donate my eyes in state of full consciousness and spontaneously without being forcibly subjected to do so under fear, pressure or other hostile circumstances.
- I promise to inform the Department of Ophthalmology, Maharaja Jitendra Narayan Medical College & Hospital, Cooch Behar, PIN – 736101, West Bengal in case of change my name or address in due time to avoid any difficulty.
- I am willingly signing this bond in presence of witnesses with all the consideration/statements/facts mentioned above.

Full Signature/Left Thumb Impression of the Donor with Date

Witness present at the time of signature:

Witness 1

Signature:

Name:

Date:

Mobile:

Address:

Witness 2

Signature:

Name:

Date:

Mobile:

Address:

Note:

1. Please bring this duly filled-in pledge / self-declaration form in duplicate with one ID proof and submit this to the Eye Bank of Maharaja Jitendra Narayan Medical College & Hospital, Cooch Behar
2. The nearest relative should inform the Hospital authority immediately after the death of the Donor. The eyes should be taken within 6 Hours.