

Dr. KK Surgical and Paediatric Centre

Eye Donation Pledge Form

Donate Eyes, Live Twice!

I, the undersigned, pledge to donate my eyes after my lifetime to help restore vision for those in need. I understand that my donation can give sight to many individuals suffering from corneal blindness.

Personal Details

Full Name: _____

Date of Birth: // _____

Gender: ☐ Male ☐ Female ☐ Other

Blood Group: _____

Address: _____

City: _____ **State:** _____

Pin Code: _____

Phone Number: _____

Email Address: _____

Next of Kin / Family Consent (Important for Retrieval)

I have informed my family about my wish to donate my eyes, and they support my decision.

Name of Next of Kin:

Relationship: _____

Phone Number: _____

Address:

Declaration

I hereby pledge to donate my eyes after my demise to an authorized eye bank or hospital. I understand that my next of kin will need to inform the hospital or an eye bank at the time of my passing for the donation to be carried out.

Signature of Donor: _____ **Date:**

//_____

Signature of Witness (Family Member/Guardian):

Name: _____ **Relationship:**

For Hospital Use Only

Pledge Registration Number: _____

Received by: _____

Date: //_____

Hospital Seal & Signature:

Contact Us for More Information

□ Dr. KK Surgical and Paediatric Centre

□ Phone: 9381053695

□ Email: drkkspcentre@yahoo.com

□ Website: kkeyepaediasurgery.com

Thank you for your noble pledge! Your kindness will bring light to someone's life.