

Declaration for Eye Donation

To : Rotary Club of Thane North End
Divya Drishti Rotary's Eye Bank
Dr. Aphale's Eye Hospital
B Wing 2nd Floor, Thakkar House
Castle Mill Naka; Thane 400 601; Tel : 2547 4995

Date :

Dear Sir,

I hereby voluntarily declare to donate my both eyes after my death to "Rotary Club of Thane North End" Divya Drishti Rotary's Eye Bank at Dr. Aphale Eye Hospital to restore the sight of a blind person and / or for research seeking to prevent blindness and to find cures for diseases of eyes.

Full name and address of the donor in capital letters

Date of birth of the donor:

Age:

Signature of the donor:

Two witnesses: (next of kin / relative / friend)

1. Full name
Address

Telephone number:
Signature:

2. Full Name
Address

Phone number:
Signature:

(Please drop / send / submit this form duly filled in at Dr. Aphale Eye Hospital, B Wing, Thakkar House, Castle Mill Naka, Thane, Tel 2547 4995)