

PLEDGE CARD
Donation of Eyes after Death

STATE EYE BANK
REGIONAL INSTITUTE OF OPHTHALMOLOGY
GAUHATI MEDICAL COLLEGE
GUWAHATI-781032

Date: _____

Name (in Block Letters): _____

Address: _____

Sir,

I Shri / Smt. _____ son / daughter / wife
of _____ age _____
address _____ hereby
bequeath my both eyes at the time of my death to the State Eye Bank, Regional
Institute of Ophthalmology, Gauhati Medical College, Guwahati, to be used by that
Eye Bank for therapeutic use to restore the sight of some Blind persons or for research
seeking to prevent blindness and to find cures for diseases of the eye.

Witness: (Relatives)

Signature of Donor

1. _____

Signature of parent / guardian
(in case of a minor)

2. _____