Reg.No.INST-L-807 Phone: 04651 237491

 04651 237492

 04651 232506

**NAGERCOIL EYE BANK**

**BEJAN SINGH EYE HOSPITAL**

2/1-313 C, M.S. ROAD, VETTOORNIMADAM, NAGERCOIL-3

EYE DONATION TESTAMENT

No:…………… .. Place:………………………………….. Date:……………………….

 I …………………………………………..…………………..aged…..………..…years

S/D/W of …………………………………..…………in consideration of my desire to serve humanity,

Do here by solemnly and voluntarily declare my intention to **DONATE MY EYES**  after death to be

used for purpose of Eyesight Restoration.

 I do hereby call upon my kith and kin to respect my wishes and do all that is necessary

to give effect to this Testament.

**WITNESS** (Next of Kin and Friends) Signature of declarant……………………….

 Address

Name:………………………………………….. ……………………………………………….

Signature:……………………………………… ……………………………………………….

Address & Phone No:…………………………. ……………………………………………….

………………………………………………… ……………………………………………….

………………………………………………… Telephone Off:……………..Resi:…………..

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IN GRATEFUL APPRECIATION

Ref. No:

*We, The Nagercoil Eye Bank of Bejan Singh Eye Hospital, Nagercoil*

*deeply appreciate the generosity of*

*Shri/Smt………………………………………………………………………*

*for the kind and inspiring gesture of compassion towards the Blind in donating Eyes*

*after demise for the benefit of humanity through our Eye Bank*

*We hereby, accept the kind offer of Eye Donation and assure that we will not only quickly respond at the right time but also make use of the donated Eye discretely*

 Eye Bank Medical Officer

***WHEN YOU CLOSE YOUR EYES IN FINAL REST***

***KNOW THAT TWO OTHERS WILL OPEN***

***IN WONDER AT THE WORLD AROUND THEM***

Administrative Office: 82, College Road, Nagercoil – 629 001