



Shankar Anand Singh Eye Bank

Narayana Health City, #258/A, Bommasandra
 Hosur Road, Bangalore - 560 099
 Tel: +91-80-66660655-658, Fax: +91-80-66660650
 Mob: +91 99028 21128 (Emergency Only)
 E-mail: info@narayananeethralaya.com / eyebanknn2@narayananeethralaya.com
 www.narayananeethralaya.org

FAMILY EYE PLEDGE

In the hope that we may help others, we hereby make this anatomical gift of eyes effective after my / our death for Transplantation, Research & Education

Sl. No.	Name in Block Letters	Age	Sex	Relationship	Signature
1.					
2.					
3.					
4.					
5.					

Witness:

Name:.....

Address:.....

.....

.....

Ph:.....

Signature:.....

Head of the Family:

Name:.....

Address:.....

.....

.....

Ph:.....

Signature:.....

DO YOU KNOW

1. Eyes can be donated only after death. Eyes are too precious to be buried or burnt.
2. Eyes can be collected at Hospital, Residence, Mortuary or at the place of death. An estimated 30 lakhs corneal blind are waiting for somebody to donate eyes.
3. One pair of eyes can give vision to two corneal blind individuals.
4. Eyes should be donated within 6 hours after death.
5. Removal of eyes takes only 20 minutes and does not disfigure the face.
6. Eyes are collected / distributed free of cost.
7. Our enucleating team will reach the place of diseased within 30-40minutes.
8. We collect eyes only in Bangalore city Metropolitan limits.
9. Our eye bank works 24 hours all through 365 days.
10. if you come across death, please appeal to the bereaved family and gently explain and motivate family to donate eyes. Call the eye bank to send a Grief Counselor to motivate the family.

WHEN YOU COME ACROSS THE DEATH PLEASE

1. Close the eyes.
2. Raise the head with pillow and put off the fan.
3. Put a polythene cover with few ice cubes on forehead.
4. Inform to Dr. Rajkumar Eye Bank immediately.

FOR EYE DONATION CONTACT: +91 99028 21128



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UNIFORM DONOR PLEDGE

Mr./Ms.:	Date of Donation :
(Name of the donor)	Email ID:.....
Address of the donor:.....	(Name of the next-of-kin)
.....	Address:.....
.....
(City, State, Pin Code).....	Phone:.....
Blood Group:.....	Signature of Witness & Address:
Phone:.....
Mobile:.....
Date of Birth:.....
Sign. of Donor:.....	

INSTRUCTIONS:

1. Fill in the Donors Pledge Card. Have your signature witnessed by two persons. (If you are not 18, have your parents or guardian as one witness).
2. Discuss your decision with your next-of-kin and your family doctor. We will inform your next-of-kin of your pledge.
3. Mail the complete pledge card to:
Shankar Anand Singh Eye Bank
Narayana Nethralaya -2
Narayana Health City, #258/A, Bommasandra, Hosur Road, Bangalore - 560 099
Tel: +91-80-66660655-658, Fax: +91-80-66660650
Emergency Only: +91 99028 21128
4. We will send you return a wallet card stating your pledge and instructing your next-of-kin your wishes.
5. Please carry wallet card stating you at all times. If you change your name or address, please inform Shankar Anand Singh Eye Bank.
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