

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:.....

Iaged.....years

S/D/W ofin 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:.....

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

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