



Regn. No. : 573  
E.B.A.I. No. : CL-74

### EYE DONATION PLEDGE FORM

To

C L Gupta Eye Bank,  
Ram Ganga Vihar Phase-II,  
Moradabad-244001, INDIA.  
Contact No: 1919, 0591-2454650,  
09359901919 and 09368807659.  
Email: [clguptaeyebank@clgei.org](mailto:clguptaeyebank@clgei.org)

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable to take effect upon my death. The words and marks below indicate my desires.

I give my eyes for the purpose of transplantation, medical research or education.  
I further direct my next of kin herein named to execute this gift after my death.

I would like my next of kin notified of my pledge to donate. Yes..... No.....

Mr. / Mrs. \_\_\_\_\_  
Name of Donor

\_\_\_\_\_  
Name of the witness

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address of donor

\_\_\_\_\_  
City, State, Pin code

\_\_\_\_\_  
City, State, Pin code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature Witness

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Signature Witness

\_\_\_\_\_  
\_\_\_\_\_  
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