Carry this part of your card with you

Call - 9930711919 (24 hours) for Eye Donation

Issued in Public Interest by
SHROFF EYE BANK

Shroff Eye Hospital • Vision Research Centre
222 S. V. Road, old Bandra Talkies, Bandra (West), Mumbai 400 050. India
Tel: (+91-22) 6692 1000

Shroff Eye Clinic
Gobind Mahal, 86-B, N. Subhash Road, Marine Drive, Mumbai 400 002. India
Tel: (+91-22) 2281 4077

EYE DONOR CARD

I hereby give my consent to donate my eyes after my death for the purpose of Transplantation or Medical Education or Research.

Donor Name: __________________________

Date of Birth: (dd/mm/yyyy) __________________________ Sex: M/F

Address: __________________________

Tel. No.: __________________________

Date: __________________________ Donor Signature: __________________________

Witness: __________________________ Witness: __________________________

Pledge your eyes on www.shroffeye.org
In the event of death:
1. Keep death certificate ready
2. Call 9930711919 as soon as possible
3. Switch off fan. If possible, switch on the AC
4. Close the eyelids
5. Put two pillows beneath the donor’s head

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This part of the card to be handed over to your nearest relative

I have pledged to donate my eyes after my death for the purpose of Transplantation or Medical Education or Research. Kindly respect my wishes.

Donor Name:

Date: Donor Signature:

Witness: Witness:

Don’t just leave a will.... Leave a vision
Pledge your eyes on www.shroffeye.org