



Bengaluru

MAH/654/2008(n)

Karnataka

National organization dedicated for specially abled persons

Karnataka South Unit,

No 55, Yadava Smriti, Link Road, Sheshadripuram, Bengaluru 560020.

Eye Pledge Form

Name :

Blood Group :

Date of Birth :

Gender Select **MALE / FEMALE**

Email :

Mobile Number :

City :

Address :

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Education :

Job :

I hereby agree that all the information provided by me is correct. to make Bharath corneal blindness free, I have willingly given the consent to donate my eyes after my death to any eye bank in Bharath through this form.

Date :

Signature.