

**EYE DONATION AWARENESS CLUB**  
**KASHYAP MEMORIAL EYE BANK**  
**Membership Application Form**



Stamp  
size  
Photo

Photo  
Don't Paste

Form No.....

Name.....

Date of Birth..... Blood Group.....

Father's Name.....

Spouse (if any)..... Age.....

Address.....

[www.kashyapeyehospital.com](http://www.kashyapeyehospital.com)

Telephone No. (1).....(2).....(Mobile No.).....

I am depositing Rs.200/- Cash/Cheque as annual membership fees.

**I ALSO WISH TO DONATE MY EYES AFTER MY DEATH**

Date.....

N.B. Enclose two self addressed stamped envelop.

Signature.....

**For Office Use only :-**

Regd. No.....

Form No.....

Membership No.....

Date.....

Valid thru.....