

R.V. Institute of Management

RVIM Centre for Social Responsibility

CA-17,36th Cross,26th Main, Jayanagar 4th 'T' Block, Bangalore 560041 Ph: 080-42540300 Fax:080-26654920 E Mail: contact@rvim.edu.in Web: www.rvim.edu.in

TITLE OF THE EVENT:

Category : Awareness

EYE DONATION PLEDGE Locati

: January 12,2016

Location : Campus

Time : 11.00 am

Partnering

Institution/Supported by:

Shankar Anand Singh Eye Bank, Narayana Nethralaya & Sister Niveditha Foundation'

| Participation breakup | TOTAL: 42 Students: 30 Staff: 2 Public/Others: 10 |
|---------------------------|---|
| Objectives to be achieved | To celebrate Youths Day by way of pledging to donate eye as per rules and procedures. |
| Report Summary | Representatives of Sister Niveditha Foundation addressed the students on Youths Day and requested to perform one good cause. Accordingly after briefing about eye donation 30 students responded to the call. They filled up the pledge form of Narayana Nethralaya /Shankar Anand Singh Eye Bank to donate eye after life-generally called as anatomical gift. One Faculty also pledged the day. |

IMPACT NOTES-

The importance of eye was understood along with motivation to do a good job for a good cause on the birthday of Swami Vivekananda-celebrated as National Youths Day

Organisng Student leaders:

1.Anusha

2.Akshay

Faculty coordination:

1.A.Chandran

2.Pradeep

R.V. Institute of Management Bangalore - 560041

Coordinator

RVM Centre for Social Responsibility

| SHANKAR | ANAND SINGH EYE BANK |
|--|--|
| NARAYANA | UNIFORM DONOR PLEDGE |
| your faith shall heat you Super Speciality Eye Hospital & Post Graduste Institute of Oprthelmology | |
| In the hone that I may help others. I hereby make this anato | omical gift, if medically acceptable, totake effect upon my death. |
| The words and the marks below indicate my desire. | sinical git, it modically described, totallo enoci aport my count. |
| I give my eyes for the purpose of transplantation, medical re | esearch or education. |
| I further direct my next-of-kin herein named to execute this | |
| I would like my next-of-kin notified of my pledge to donate. | Date |
| Mr./Ms. Anusha. Nekkanti | E-mail ID nekkantian Cha 850 gmail.a |
| (Name of Donor) | (Name of next-of-kin) |
| Address of the Donor B. Suyanagal Camp | Address |
| Bagalwad - Post r nvi - Taluk | |
| Raschur -Dist. PIN - 584193 | |
| (City, State, Pin Code) | Phone Number |
| Blood Group O +Ve | Signature of Witness & Address |
| Phone Number Mobile: 88 30+76 | |
| Date of birth <u>85-09-93</u> | SHANKAR ANAND SINGH EYE BANK |
| Signature | NARAYANA NETHRALAYA II |
| adju # | Narayana Health City (Narayana Hrudayalaya Campus) 258/A, Bommasandra, Hosur Road, Bangalore - 560 099, INDIA. |
| | Tel: 91-80-6660655-0658, Fax: 91-80-66660650 |
| | Eye Bank No : +91-80-6660693, Emergency : 9902821128 anknn2@narayananethralaya.com Website : www.narayananethralaya.org |
| | NN2/R/EB-02/0 |
| | NN2NCB-0210 |
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| SHANKAR | ANAND SINGH EYE BANK |
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| NARAYANA NETHRALAYA —————————————————————————————————— | UNIFORM DONOR PLEDGE |
| Post Graduate Institute of Ophthelmology | |
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| I further direct my next-of-kin herein named to execute this | gift after my death. 12.01.2016 |
| I would like my next-of-kin notified of my pledge to donate. | Emailin akshamalgi @ yahoo.in |
| Mr./Ms. AKSHAY MALGI | E-IIIall ID |
| (Name of Donor) Address of the Donor MULGUND Housing | (Name of next-of-kin) |
| | Address |
| COLONY, BANAT ROAD, SIRSI KARNATAKA | |
| COL 101 | Disas Number |
| (City, State, 1 iii code) | Phone Number |
| Blood Group 08 38 Mobile 99/ | Signature of Witness & Address |
| Priorie Number 2 2 08 81 | |
| Date of bit it | SHANKAR ANAND SINGH EYE'BANK |
| Signature (05) Leg P | NARAYANA NETHRALAYA II Narayana Health City (Narayana Hrudayalaya Campus) |
| #2 | 258/A, Bommasandra, Hosur Road, Bangalore - 560 099, INDIA. |
| | Tel: 91-80-66660655-0658, Fax: 91-80-66660650 Eye Bank No: +91-80-66660693, Emergency: 9902821128 |
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| E-mail : eyeb | anknn2@narayananethralaya.com Website: www.narayananethralaya.org |
| E-mail: eyeb | |

Please Note: Personal identity is protected by shading Eye donation Form Filled by students

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| (Name of Donor) | (Name of next-of-kin) |
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| Bagalwad st manyi-Taluk | |
| Ro -DEST. PIN - 584 123 | |
| (City, State, Pin Code) | Phone Number |
| Blood Group O +Ve | Signature of Witness & Address |
| Phone NumberMobile : £89 0.746 | |
| Date of birth &5~09 | SHANKAR ANAND SINGH EYE BANK |
| Signature | NARAYANA NETHRALAYA II |
| astro #: | Narayana Health City (Narayana Hrudayalaya Campus) 258/A, Bommasandra, Hosur Road, Bangalore - 560 099, INDIA. |
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Please Note: Personal identity is protected by shading Eye donation Form Filled by students

Anatomical Gift of Eye

"Anatomical gift" means a donation of all or part of a human body to take effect after the donor's death for the purpose of transplantation, therapy, research or education.

It takes courage, understanding societal problems and legal implications, support from family members, awareness, empathy and compassion to step forward in signing the documents.

All the classes were briefed about the procedures adopted for anatomical gift. This class worked as a team and as a part of class efforts and encouragement from the concerned faculty members engaging the sessions, it was a great success and became a role model for all.

Thirty student donors and one faculty signed the document for desire to provide anatomical gift after life and in accordance with the legal parameters and medical procedures .The papers were signed in a uniform donor pledge application form and submitted Narayana Nethralaya, Shankar Anand Singh Eye Bank. The donors are to keep their family members informed about the desire of anatomical gift. Every student was briefed about the voluntary donation of eye after life .Representatives from 'Sister Niveditha Foundation' visited the campus on January 12, 2016, that marks Swami Vivekananda Jayanthi,celebrated as 'National Youth Day' .



Student donors with faculty display their signed documents





Volunteers from 'Sister Niveditha Foundation' addressing the students



Awareness Programme for the Classes

Additional Information:

National Programme for Control of Blindness & Visual Impairment Directorate General of Health Services Ministry of Health and Family Welfare Government of India

To view website

Use Link: http://npcb.nic.in/index2.asp?slid=123&sublinkid=48&langid=1

For supporting opportunities: http://npcb.nic.in/index1.asp?linkid=32&langid=1

-Report Concludes