



# Sudarshanam

Vision for ever

ENROLMENT FORM

To

**NETHRA JYOTHI TRUST  
THE EYE FOUNDATION**

528-A, D.B. Road, R.S. Puram,  
Coimbatore – 641 002.

I am interesting in donating towards the Sudarshanam Scheme.

Name of the Donor : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No. : \_\_\_\_\_

PAN No. (If available) : \_\_\_\_\_

Desired date of surgery : \_\_\_\_\_

Enclosed is a cheque / D.D. No.....

Dated .....for Rs. 10,000/- drawn in favour of **Nethra Jyothi Trust** payable at Coimbatore, as donation towards this scheme .

Kindly send me an official receipt.

Signature