



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.....

Datedfor 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