

Phone : 2521 6270
2559 0435

PLEDGE FORM

No.

The General Secretary
HUMANISTS' ASSOCIATION
Reg No. S/IL/22901
P-2 Block-B, Lake Town,
Kolkata - 700 089



H A

Kolkata Office & Study Circle : 33A Creek Row, Kolkata - 700 014

Phone : 2266 6405

Dear Sir / Madam,

I
son / daughter of aged yrs, by
profession do hereby, with sound mind and health
pledge my mortal body along with all organs / eyes only for the purpose of medical education
research and promotion of medical science aiming at the well-being of mankind.

I further declare that this pledge has been made with full consciousness and not under any form of
request or coercion. Any change of address, if any, in future will be duly communicated to you.

I sign this Pledge Form this day of two thousand and

Yours sincerely,

(Full signature)
Name :
Address
.....
Permanent address
.....
Phone no.

Signature of witness
1. (sign)
Name
Address
2. (sign)
Name
Address

(For office use)

Recorded in register Sl. No. date
1. Forwarded to Directorate of Health Service, Govt. of WB, Kolkata 700 001 for information and record

.....
Gen. Secretary

2. Forwarded to Secretary, Dept of Health & Family Welfare, Govt of India, for information & record.

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Gen. Secretary