



## PROGRAM REPORTING

**Name of the Program: EYE CAMP**

**Date:** 28.02.2014      **Time:** 9.30 am to 1.00 pm

**Venue:** MADAMBAKKAM SAMUTHAYA KUDAM

**NUMBER OF PARTICIPANTS: 134**

Male: 53

Female: 81

Total: 134

**NAME OF THE HOSPITAL: SANKARA NETHRALAYA**

**ACTIVITIES IN THE EVENT:**

S.NO	ACTIVITIES	FACILITATED
1	Registration form filled	RAJESWARI ,SARANYA
2	Seating Arrangements	RAJKUMAR, JEEVA, PRIYANKA, DHIVYABHARATHI, RAJESWARI, SARANYA
3	Documentation (Photo taken)	DHIVYABHARATHI(PM), JEEVA(A.O), PRIYANKA(E.M)
4	Hospitality (For the doctors)	JEEVA(A.O),RAJ KUMAR
5	Hospitality (For the Visitors)	OUR TEAM (MAT)
6	Eye camp information conveyed in & around the camp area	OUR TEAM (MAT)



## Name of the volunteers in the organization team:

1. DHIVYABHARATHI.K (PM)
2. ANBARASAN.M (PRM)
3. SARANYA.K (PC)
4. JEEVA.M (A.O)
5. PRIYANKA.K (E.M)
6. RAJESWARI.S (FACULTY)
7. RAJKUMAR.L (SUPPORTER)
8. GANESH.(SUPPORTOR)

## EVENT RESULT:

Patients Screened: 134

Cataract advices: 16

Spectacles confirmation: 73

Funds Examination & CTC: 14

Others: 6

## FOLLOW-UP ACTIVITY PLANNED:

Need to Contact the people after spectacles received from hospital and have to arrange Spectacles Donating Event.

**PROGRAM COORDINATED BY: K.PRIYANKA**

**M. ANBARASAN**

**(EVENT MANAGER)**

**(PUBLIC RELATION MANAGER)**

**Program Supported by: SANKARA NETHRALAYA**



## SUCCESS STORIES:

During the camp, Mr. Kannan S/o P.L.Muthukaruppan residing at No; 9/410, 3rd street kurinji nagar, Agaraam street, Chennai-126, Contact No: 9884639235 volunteer himself to donate his family member's eyes (6 members).



Picture of the program:



Report Prepared by:

Approved by: