



## PROGRAM REPORTING

**NAME OF THE PROGRAM: EYE CAMP**

**DATE: 21-03-2015**      **Time: 9.30 am to 1.00 pm**

**VENUE: Varatharajapuram, Bharathvajnagar, PTC Quarters, Manimagalam**

**NUMBER OF PARTICIPANTS: 110**

**MALE: 46      FEMALE: 64      TOTAL: 110**

**Name of the Hospital: SANKARA NETHRALAYA**

### ACTIVITIES IN THE EVENT:

S.NO	Activities	FACILITATED
1	Registration form filled	RAJESWARI(FACULTY) , PRIYANKA (FACULTY)
2	Seating Arrangements	DHIVYA BHARATHI(PM) , PRIYANKA (EM)
3	Documentation (Photo taken)	ANBARASAN(PRM) , DHIVYABHARATHI(PM),SARANYA(PC)
4	Hospitality (For the doctors)	ANBARASAN(PRM) , RAJESWARI(FACULTY) , PRIYANKA 1 (FACULTY), DHIVYABHARATHI(PM),SARANYA(PC)
5	Hospitality (For the Visitors)	ANBARASAN(PRM) , RAJESWARI(FACULTY) , PRIYANKA 1 (FACULTY), DHIVYABHARATHI(PM),SARANYA(PC)
6	Eye camp information conveyed in & around the camp area	DHIVYA BHARATHI(PM) , PRIYANKA (EM)



## NAME OF THE VOLUNTEERS IN THE ORGANIZATION TEAM:

- DIVYA BHARATHI (PM)
- ANBARASAN (PRM)
- SARANYA (PC)
- PRIYANKA (E.M)
- RAJESWARI (FACULTY)
- PRIYANKA 1 (FACULTY)

## EVENT RESULT AND FOLLOW-UP ACTIVITY PLANNED:

- Patients Screen: 110
- Cataract advices: 11
- Glass detonated: 30 (B/F 22, S/V 08)
- Funds Examination & ctc: 18
- Others: 14

## PROGRAM COORDINATED BY:

**DHIVYA BHARATHI**  
(PROGARAM MANAGER)

**K.PRIYANKA**  
(EVENT MANAGER)

**M.ANBARASAN**  
(PUBLIC RELATION MANAGER)

## PROGRAM SUPPORTED BY:

- PTC QUARTES AREA COUNSELLER
- SANKARA NETHRALAYA HOSPITAL STAFF



**MUNU ADHI TRUST**

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8754681762

**SUCCESS STORIES:**

In short period of time our volunteers informed to more than 100 peoples with in half day of time. Unexpected crowd received in this camp.

**ABBREVIATION FROM SANKARA NETHRALAYA:**

Sankara nethralaya team appreciation our volunteers with full our dedication work and they said we had never seen the team like MUNU ADHI TRUST.

**THANKS GREETINGS:**

To the Mr.Selvamani (MC), Varatharajapuram  
Bharathvajnagar, PTC Quarters, Manimagalam  
WEST TAMBARAM, CHENNAI-600048

**PICTURE OF THE PROGRAM:**



**REPORT PREPARED BY:**

**APPROVED BY:**