

SHRADDHA EYE CARE TRUST

Eye screening Camp OPD Registration

M - 14

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Camp Date: 01/10/24		Camp Location: Hebbani PHC, Kolar				
SL. NO.	NAME	AGE	GENDER	DIAGNOSIS	ADDRESS	CONTACT NO.
1)	VENKATAREDDY	61	M	Conj LR 16m	H. KODIHALLI	9632853501
2)	C. NARASIMHULU	53	M	Conj LR 17m		9701594714
3)	V. KARAMANAPPA	62	M		H. KODIHALLI	91740186228
4)	NATARAJA	65	M		H. KODIHALLI	8105907857
5)	B. V. NAGARAJ	60	M		Hebbani	8277201619
6)	VENKATAMMA	65	F	Conj RE 20m		8261006841
7)	N. SUBRAMANYAM	42	M		Hebbani	90347551
8)	MANGAMMA	50	F	Conj LE 16m	Address	9901930423
9)	T. THIRAVAIAPPA	65	M	Conj LE 18m	KURA PALLI	7729019584
10)	R. SUBBARAYAPPA	55	M		H. KODIHALLI	968678043
11)	B. RAMAKRISHNAPPA	52	M		-2	9611690873
12)	RONUKAMMA	47	F		Address	9845645895
13)	KRISHNAPPA	44	M		-1-	9740322078
14)	RAMAKRISHNAPPA H.M	42	M		-1-	9731216419
15)	M. N. VENKATARAMAPPA	49	M		-1-	9591044516
16)	M. Nagappa	64	M		St. Byppanelli	
17)	Bulappa	72	M		Hebbani	9740777826

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 ಕುಟುಂಬ ಆರೋಗ್ಯ ಕೇಂದ್ರ
 ಹೆಬ್ಬನಿ, ಮುಳಬಾಗಿಲು ತಾ-563131