

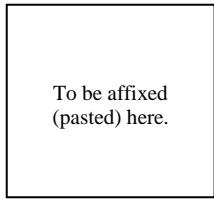
FORM 4
FOR CERTIFICATION OF MEDICAL FITNESS OF LIVING DONOR
(To be given by the Registered Medical Practitioner)
[Refer proviso to rule 5(3)(b)]

I, Dr..... possessing qualification of..... registered as medical practitioner at serial No..... by the..... Medical Council, certify that I have examined Shri/ Smt/ Km..... S/o, D/o, W/o Shri..... aged..... who has given informed consent for donation of his/her (Name of the organ) to Shri/Smt./Km. who is a 'near relative' of the donor/other than near relative of the donor and has been approved by the competent authority or Authorisation Committee (as the case may be) and it is certified that the said donor is in proper state of health, not mentally challenged * and is medically fit to be subjected to the procedure of organ or tissue removal.

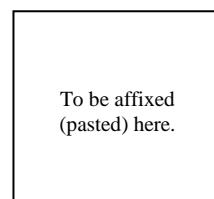
Place:

Date:

Signature of Doctor
Seal



Photograph of the Donor
(Attested by doctor)



Photograph of the recipient
(Attested by the doctor)

The signatures and seal should partially appear on photograph and document without disfiguring the face in photograph.

*In case of doubt for mentally challenged status of the donor, the Registered Medical Practitioner may get the donor examined by psychiatrist.