

**Application Form for transfer of gametes (Sperms and oocyte or embryos)
within and outside India**

NOC No.2024/10002

General Information

Name of the Applicant			
Test NOC			
Marital Status		Name of the Spouse	
single			
Address			
New delhi			
Pincode	State	District	
110096	DELHI	EAST	
Email Address		Contact Number	
web.aloksingh8190@gmail.com		08882165414	
Aadhar Number	Passport Number	PAN Number	Date of Birth
750944451201	M1234567	ABCDE1234F	2000-01-18
Aadhar Number of Spouse	Passport Number of Spouse	PAN Number of Spouse	Date of Birth
Transfer of	Quantity	Purpose of Transfer	Transfer
Embryos	2	Invitro Fertilization	Within India

FROM			
Name of the Doctor			
1171			
Address			
First Floor Premises no.545, Diamond Harbour Road, PO- Thakurpukur, PS- Thakurpukur, Kolkata , West Bengal			
Pincode	State	District	
700063	WEST BENGAL	KOLKATA	
Email Address		Contact Number	
drsreya.bhattacharyya@indiraivf.in		02268083600	

TO			
Name of the Doctor			
305			
Address			
3rd Floor, Regal Plaza,186/1, GT Road, Murgasole, Asansol			
Pincode	State	District	
713303	WEST BENGAL	PASCHIM BARDHAMAN	
Email Address		Contact Number	
centerhead.asansol@indiraivf.in		02268083600	

Declaration

I hereby declare that these gametes (sperm/oocyte)/embryos are own and are being transferred for personal use only.

Date:06/18/2024

A photograph of a handwritten signature in black ink on a white piece of paper. The signature is cursive and appears to be 'J. M. H.'. The paper is placed on a dark surface.

Signature of the Applicant