

UNDERTAKING

I hereby declare and confirm that I am competent to give the above consent and that the information given above is accurate and true to the best of my knowledge, and that the requisite information is required for the sole purpose stated above. I understand that I may be liable for prosecution for making any false declaration herein. Further, I confirm that I shall not hold G31/ e-DAC or any member of Curb The Virus app's developer team in any way whatsoever in the event of any loss or damage arising directly or indirectly as a result of, or in connection with the medical procedures carried out on my body, any injuries/ harm as a result of the same and, release of my medical information to any party by me/ G31/ e-DAC release of such confidential information.

Responsibility of safety and well-being of the donors, as well as plasma seekers/ receivers prior, during and after the plasma transfusion therapy is the sole responsibility of themselves and their consulting physician/ doctor/ healthcare providers.

Any case papers/ files/ check-up reports/ receipts received by both donors/ seekers from their respective healthcare providers are to be attached with this form duly signed, and sent to mr.ashishupadhye@gmail.com as required by the Terms of Service agreement.

Consulting physician/ doctor/ healthcare provider needs to sign this undertaking stating that they have received the plasma donor, and will look after the same as per their own discretion.

By reason of the aforesaid, I undertake full responsibility and liability arising from the release of the requisite information.

Donor's full name _____

Donor's full address _____

Donor's e-mail address _____

Donor's contact number _____

Donor's Government issued identity proof
(Aadhaar/ PAN/ Valid Driving License) _____

Signature, date & time at the time of reporting
(of the donor) _____

Seeker/receiver's full name _____

Seeker/receiver's full address _____

Seeker/receiver's e-mail address _____

Seeker/receiver's contact number _____

Seeker/receiver's Government issued identity proof
(Aadhaar/ PAN/ Valid Driving License) _____

Signature, date & time at the time of reporting
(of the seeker/ receiver/ authorized guardian) _____

Name of the plasma receiver's hospital _____

Full address of plasma receiver's hospital _____

Name of the consulting physician/ doctor _____

Contact number
(of Hospital or consulting physician.) _____

Authorized Signature / seal of the
plasma receiver's hospital /
consulting physician / doctor _____