

ଓଡ଼ିଶା ODISHA

E 313256

BEFORE THE EXECUTIVE MAGISTRATE: KHAIRPUT
UNDERTAKING

1. Mr. Alok Chandra Choudhury, aged about 54 years, S/o- N.C.Choudhury, residing at Qtr.No.B-521, Sec-2, Nalco Township, Damanjodi, PS:Damanjodi, Dist.Koraput, Odisha- 763008. I hereby truthfully and solemnly affirm to the following declaration.

1. As my liver is completely affected by a disease process beyond repair, my own legal elder son Mr.Subhojeet Choudhury, aged about 25 year, residing at Qtr.No.B-521, Sec-2, Nalco Township, Damanjodi, PS:Damanjodi, Dist.Koraput, Odisha- 763008 has come forward to donate part of his liver to save my life.
2. I hereby give my whole hearted consent for a liver transplantation surgery to be performed on me, after fully knowing about the after effects of this operation non me of my own knowledge and from the facts made known to me by others, and without any inducements or compulsion from any other person.
3. I am living in the above mentioned address with my family and as I am in full possession of all my mental status and am in good physical condition and in the acceptable age limit, I have come forward to undergo this liver transplant surgery. I am also aware of the fact that the possibility of liver transplant surgery may not be successful for me.
4. I hereby give my whole hearted consent and authorization to Dr.Mohamed Rela (Transplant Surgeon) and his team of surgeons to operate and anesthetists, Hepatologist or any other doctors assisting in operation and doctors working with them to transplant part liver of my elder son Mr.Subhojeet Choudhury to me.

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EXECUTIVE MAGISTRATE
KHAIRPUT



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- SV NO - 21/2020
DATE - 9/9/2020
5. I also hereby affirm and give my free consent to the team of doctors to take whatever suitable medical decision, depending upon my physical status during the time of surgery and I fully agree to abide by the decisions taken by the medical team in the interest of my welfare.
 6. I also solemnly affirm that not to hold either the medical teams Dr.Mohamed Rela (Transplant Surgeon) and his team of surgeons to operate and anesthetists and any other staff involved in performing liver transplant recipient and donor surgery treating at "Dr.Rela Institute and Medical Centre" situated at NO:- 7, CLC Works Road, Chompet, Chennai- 600 044, Tamil Nadu are not responsible for any possible side effects or complications that may arise after this Liver Transplant operation.
 7. I am also fully aware of the fact that after liver transplant surgery, I must sincerely abide by the advice of my doctors and take medicines prescribed regularly failing which my health condition may deteriorate.
 8. This liver transplant surgery is being performed out of my own free will and consent and I declare that I will not hold anybody at a later date responsible or find fault with for whatever side effects or complications like **Primary-Non Function, Rejection, Infection, Death and any other complication** that may arise at a future date.
 9. I have been explained about rules of Transplantation of Human Organs Act, 1994 (inclusive of amendment 2011).
 10. I have been informed to translate this same affidavit in my mother tongue and I promise that I have not made any changes in the given content; this English format is translated into my mother tongue.

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Dawid
C. S. P.
Open View

SINO 21/2020
DATE 9/9/2020

EXECUTIVE MAGISTRATE
KHAIRPUTTUR

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11. I hereby declare that the above statements which are given by me are true and best of my knowledge. Also I am aware that legal proceedings can be taken against me in the case of false information given in the above statements.
12. I hereby declare that I have obtained the attestation (sign & seal) as advised by the hospital as per the checklist of DME Chennai, Tamil Nadu. I am aware that legal proceedings can be taken against me in-case of any false information/activities done by me or my family.
13. All the above contents are explained to me in my mother tongue and I understand the same.

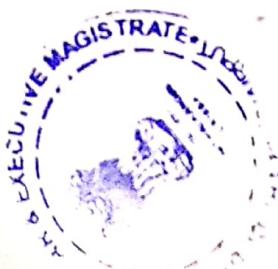
Witnesses; (Name and Address)

1. Paramananda Baru.
S/o - Parama Nanda Baru.
Q.No - B/735, Sec-2,
Damangudi, Koraput.
2. KantiBar Sahu
S/o Ramakanta Sahu
Q.No - B/393 Sec-2 Damangudi, Koraput



Signature of the Patient

I, Solemnly affirmed at KHAIRPUTTUR on this the 9th day of Sept, 2020, before me, the contents of this affidavit having been first truly and audibly read over and explained to the deponent in English who appeared to perfectly understand the same and signed in my presence.



W
09/09/2020
EXECUTIVE MAGISTRATE
KHAIRPUTTUR



ଓଡ଼ିଶା ଓଡ଼ିଶା ODISHA

E 313262

ମାନ୍ୟବର ନିର୍ବାଚି ଦଣ୍ଡପିକାରୀ, ଖର୍ବିହିତୁଟଙ୍କର ସମୂହରେ ବିବିଧ
ସତ୍ୟପାଠ

ସ୍ଥିକାରଭକ୍ତି

ସ୍ତୋତ୍ରାକ ଚନ୍ଦ୍ର ଚୌଧୁରୀ, ବୟସ ୪୪ ବର୍ଷ ଯିତା ଶ୍ରୀ ନୃସିଂହ ଚରଣ ଚୌଧୁରୀ, ଠିକଣା ଘର ନଂ.
୭/୪୭୧, ପେଟ୍ରିଭ-୨, ନାଲୋକ ଶାରନୟିପ, ଦାମନ୍ଦୋଚି, କିଲ୍ଲା-କୋରାପୁର । ମୁଁ ନିମ୍ନରେ ମୋର
ସ୍ଥିକାରଭକ୍ତିରେ ପମ୍ପ ପଥ୍ୟ ଉତ୍ସାହ ନିମ୍ନରେ ଦେଇ ।

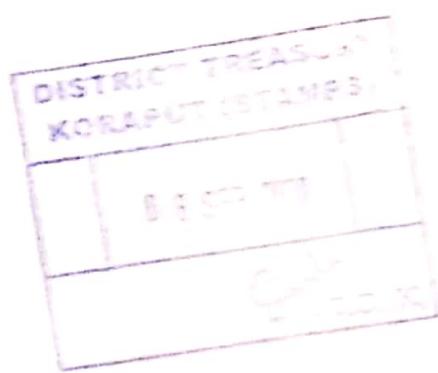
୧. ମୋର ଲିଖିତ ସାପ୍ତର୍ତ୍ତ ଜାରାଏ ଅଟେ ତାହା ମରାମତି ହୋଇ ପାରିବ ନାହିଁ । ମୋର ନିଜ ବଚ ପୁଅ
ଶୁଭଚିତ୍ତ ଚୌଧୁରୀ, ବୟସ ୨୪ ବର୍ଷ ଯିତା ଶ୍ରୀ ଆଲୋକ ଚନ୍ଦ୍ର ଚୌଧୁରୀ, ଠିକଣା ଘର ନଂ.
୭/୪୭୧, ପେଟ୍ରିଭ-୨, ନାଲୋକ ଶାରନୟିପ, ଦାମନ୍ଦୋଚି, କିଲ୍ଲା-କୋରାପୁର, ଓଡ଼ିଶା-
୭୫୩୦୦୮ ମୋର ବିବନ ବଞ୍ଚାରବା ପାଇଁ ତାହାର ବିଭବର ଭାଗ ମୋତେ ଦାନ ଦେବା ପାଇଁ
ପାଗେଇ ଆହିଲା ।

୨. ମୁଁ କାହାରି ବାଧ୍ୟ ବାଧକତାରେ କିମ୍ବା କାହାର ପ୍ରତାରଣାରେ ନ ପଢି ମୁଁ ନିଜ ଇଳାରେ ମୋର ଲିଖିତ
ପରିବର୍ତ୍ତନ ଉପେରସନ ପ୍ରକାରେ କରିବା ପାଇଁ ନିଷ୍ଠକି ନେଇ ।

ଅ.୪.୭୭

Dhruv
EXECUTIVE MAGISTRATE
KHAIRPUR

9.9.21
10.9.21



9.9.21
Lal Bahadur
D.
Chittaranjan
B.



୩. ମୁଁ ମୋର ପରିବାର ସକ ଉପରୋକ୍ତ ଠିକଣାରେ ରହିଛି । ମୁଁ ଭଲ ମନ କିବାର କରିବା ପାଇଁ ମୋର ବୟସ ହୋଇଛି । ମୁଁ ମୋର ଲିଭର ପରିବର୍ତ୍ତନ କରିବା ପାଇଁ ଆପଣିଲି । ମୁଁ ଭଲ ବିଷୟ ଜାଣିଲି ଯେ ଲିଭର ପରିବର୍ତ୍ତନ ଅପେରସନ ମୋ ପାଇଁ ଠିକ ନ ହୋଇପାରେ ।

୪. ମୁଁ ଛିର କିବ ସ୍ଵାପ୍ନ ମୟିଳରେ ତାଙ୍କର ମନ୍ଦମଦ ରେଲା (ଲିଭର ପରିବର୍ତ୍ତନ ତାଙ୍କର) ଏବଂ ତାଙ୍କର କର୍ମଚାରୀଙ୍କୁ ଅଧିକାର ଦେଲି କି ମୋତେ ନିଷ୍ଟେଳକ ଦେଇ ଅପେରସନ କରି ମୋର ବଢ଼ ପୁଅ ଶୁଭ୍ରଜିତ ତୌଧୂରିର ଲିଭର ଭାଗ ନେଇ ମୋର ଶରୀରରେ ଲଗାଇବା ପାଇଁ ଅଧିକାର ଦେଲି ।

*SINR-18/2020
DT-09/09/2020*

୫. ମୋର ଜିବନକୁ ବଞ୍ଚାଇବା ପାଇଁ ମୁଁ ତାଙ୍କର ମନ୍ଦମଦ ରେଲା ଏବଂ ତାଙ୍କର ଖାପକୁ ଅଧିକାର ଦେଲି କି ମେଚିକାଳର ସମୟ ନିଯମକୁ ମାନି ଅପେରସନ କରିବେ ଏବଂ ମୁଁ ମେଚିକାଳର ସମୟ ନିଯମ ମାନିବି ।

*APPEAL & EXECUTIVE MAGISTRATE
NITHAMUR*

୬. ମୋର ଶରୀରରେଲିଭର ପରିବର୍ତ୍ତନ କରିବା ସମୟରେ ନିଷ୍ଟେଳକ ଦେଇ ଅପେରସନ କରିବା ସମୟରେ ଯଦି କିଛି ଅସୁଦିଧା ହୁଏ କିମ୍ବା ଉଦ୍ଦିଷ୍ଟରେ ଅସୁଦିଧା ହୁଏ ତେବେ ତାଙ୍କର ରେଲା ଲନ୍ଧୁଂଟ ଏବଂ ମେଚିକା ପ୍ରେସ୍‌ରର ଠିକଣା ନାହିଁ । ଏବଂ ମୋର ପରିବାର ଲୋକ କାହୀଁ ରହିବୁ ।

୭. ମୋର ଅପେରସନପାରେ ମୁଁ ତାଙ୍କରଙ୍କ ଉପଦେଶ ମାନିବି ଏବଂ ଠିକ ସମୟରେ ତୀଷ୍ପଥ ଖାଲବି । ଏତର ଅବହେଲା କରିବି ନାହିଁ ।

୮. ମୋର ଅପେରସନପାରେ ଉଦ୍ଦିଷ୍ଟରେ ଯଦି କିଛି ଅସୁଦିଧା ଦେଖାଇଏ ତେବେ ମୋ ବ୍ୟକ୍ତି ଅନ୍ୟ କହି କାହୀଁ ରହିବେ ନାହିଁ କି ମୁଁ ଲାହାର ବୋଷ ଦେବି ନାହିଁ । ସେଥିପାଇଁ ମୁଁ କାହୀଁ ରହିବି ।

୯. ଲିଭର ପରିବର୍ତ୍ତନ ଏବଂ ଶରୀର ଭାଗ ଧାରା ୧୯୯୪ ନିଯମ ସବୁ ମୋତେ ବୁଝିଲେ ।

୧୦. ମୋର ସମୟ ବର୍ତ୍ତନ ଏବଂ ମାତୃଭାଷାରୁ ଲେଖାଳୀରେ ଶାଖ ପାଠ ଦେଇଛି । ଏତିରେ କିଛି ପରିବର୍ତ୍ତନ ହୋଇନାହିଁ ।

ଆ.ପୂ.ଦେ



*Biju
09/09/2020*

EXECUTIVE MAGISTRATE
KHAIRPUR



੧੯. ਮੁੱ ਧਾਰਾ ਤਥਾ ਦੇਲਿ ਚਾਹਾ ਸ਼ਹਿਰ ਅਤੇ। ਯਕਿ ਰਵਿਸ਼ਾਖੇ ਮੁੱ ਕਿਛੀ ਭੂਲ ਤਥਾ
ਦੇਲਖਾਏ ਤੇਵੇ ਮੋ ਬਿਚੁਰੈ ਆਇਨ ਅਨੁਯਾਤਾ ਕਾਰਧਾਨੂਕ ਨਿਆਇਦ।

SL NO - 18/2020
DT - 09/09/2020

੨੦. ਮੁੱ ਧੂਕਾਰਤਕੀ ਦੇਲਿ ਕਿ ਤਿ.ਏਮ.ਇ ਚੇਨਾਇ ਚਾਮਿਲਨਾਡੂ ਚੇਕ ਲਿੰਗ ਪ੍ਰਕਾਰੇ ਮੁੱ ਸਮਝ
ਤਥਾ ਦੇਲਿ। ਯਕਿ ਕਿਛੀ ਢੂਟੀ ਬਾਹਾਰੇ ਤੇਵੇ ਮੋਰ ਬਿਚੁਰੈ ਆਇਨ ਅਨੁਯਾਤਾ ਕਾਰਧਾਨੂਕ
ਨਿਆਇਦ।

੨੧. ਉਪਰੋਕਤ ਸਮਝ ਤਥਾ ਮੋਰ ਮਾਤ੍ਰਾਸਾਰੇ ਬੂਝੀਲੇ।

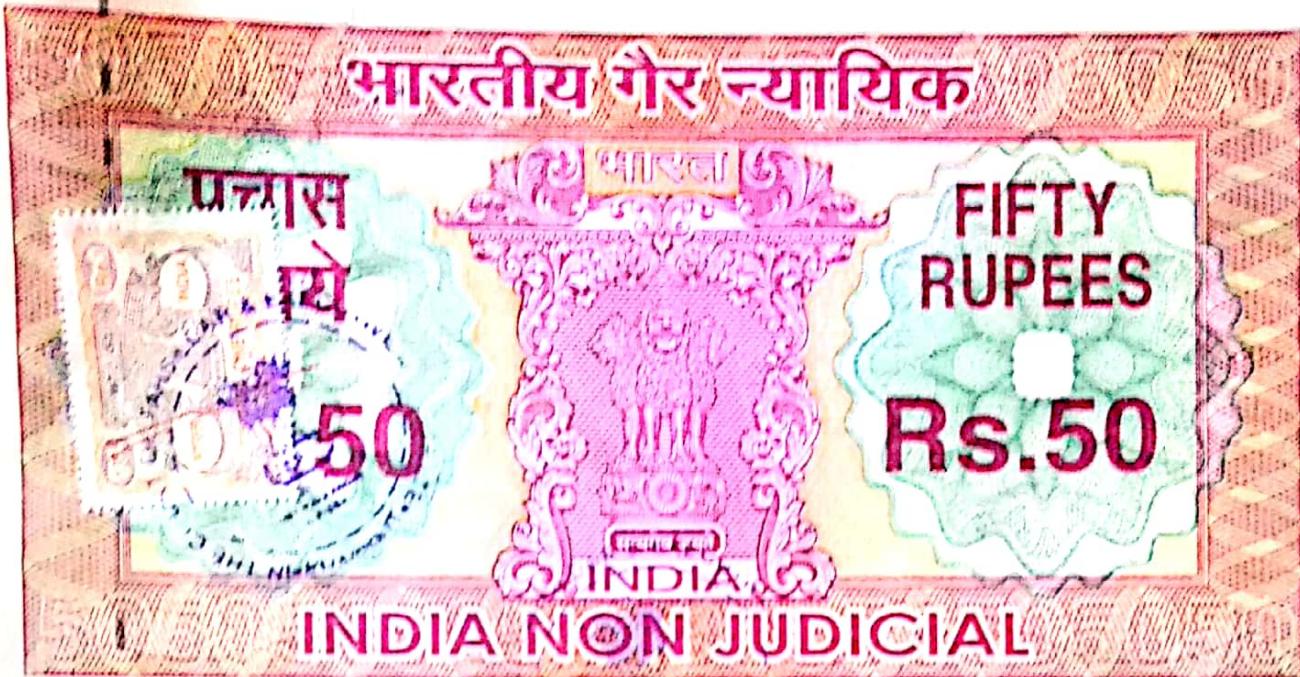
ਧਾਰਾਕ ਨਾਮ ਓ ਠਿਕਣਾ

੧. Paramananda Banik.
S/o - Jugal Lekhna Banik.
C.No - B/735, Sector - 2,
Damangoldi, Koraput.
੨. Kantiabas Sahu
S/o Ramakanta Sahu
R.C No - B/393 Sec - 2
Damangoldi Koraput



ਗੋਗੀਕ ਪਤਕ

Dhrujan
09/09/2020
EXECUTIVE MAGISTRATE
KHAIRPIJT



I, Mr. Subhojeet Choudhury, aged about 24 years, S/o- Mr. Alok Chandra Choudhury, residing at Qtr.No.B/521, Sec-2, Nalco Township, Damanjodi, Koraput, Odisha-763008. I do hereby solemnly and sincerely affirm and state as follows;

1. I understand my own legal father Mr. Alok Chandra Choudhury aged about 54 years, S/o- N.C. Choudhury, residing at Qtr.No.B-521, ec-2, Nalco Township, Damanjodi, Koraput, Odisha-763008 is now undergoing treatment for his liver failure at "Dr. Rela Institute and Medical Centre" situated at No:-7, CLC Works Road, Chrompet, Chennai-600 044, Tamil Nadu. It is further understood that my father liver has been completely destroyed and that, liver can be transplanted from one person to another person with liver failure. I also understand the nature of risks involved in the operation for removed part of my liver as well as possible future permanent injury to my health and the risk that my remaining liver may be subsequently injured or diseased.
2. I understand that the donor in such liver transplant surgeries can have wound infection, pain, bleeding and high risk to life. I also understand that in future if some damage were to happen to the liver left behind.
3. I am also aware of the possibility that such liver transplant operation may not be successful.
4. I declare that I am living with my family in the above mentioned address; I am a person of mature age and sound mind and out of love and compassion, I accept to donate part of my liver to my father Mr. Alok Chandra Choudhury.

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[Signature]
EXECUTIVE MAGISTRATE
KHAIRPUT
991-912-2020



• 09 99.00
• A. Chichouday
• D. S. P.
• Chichouday
• Kolar Gold
• Fields Victoria

SLNO- 17/2020
OF - 9/9/2020



5. I hereby declare that I, out of my own free will and accord and out of love and affection, voluntarily I agreed to donate part of my liver for transplantation to my father Mr.Alok Chandra Choudhury and there is no monetary benefit for me or my family members out of the liver donation.
6. In an effort to benefit my father Mr.Alok Chandra Choudhury, I authorize Dr.Mohamed Rela (Transplant Surgeon) and his team of surgeons to operate and anesthetists, Hepatologist or any other doctors assisting in operation on me for the purpose of removing part of my liver and placing such liver on the body of my father Mr. Alok Chandra Choudhury. If, at the time of operation, any condition is discovered that was not previously apparent, and that in the judgement of the operating surgeons calls for steps other than those initially contemplated, I hereby authorize them to take the necessary steps.
7. I further declare that though the team of doctors, surgeons, anesthetists and other staff are doing their best in the operation, still unfortunately if some mishap happens to me, I shall not hold "Dr.Relai Institute and Medical Centre" situated at No:-7, CLC Works Road, Chrompet, Chennai- 600 044, Tamil Nadu and Dr.Mohamed Rela (Transplant Surgeon) and his team of surgeons to operate and anesthetists and any other staffs involved in performing liver transplant recipient and donor surgery are not responsible for any consequences that may arise from the removal of part of liver whether at present or in future.
8. I am fully aware and conscious that the operation is at my own risk and hence I shall not hold anyone responsible or make liable on account of the said operation.
9. I have been explained about rules of Transplantation of Human Organs Act,1994 (inclusive of amendment 2011).

Contd.p/3



EXECUTIVE MAGISTRATE
KHAIRPUT
Dated 09/09/2020

SLN^o- 9/9/2020
DT - 9/9/2020



Page-3

10. I have been informed to translate this same affidavit in my mother tongue and I promise that I have not make any changes in the given content; this English format is translated into my mother tongue.

11. I hereby declare that the above statements which are given by me are true the best of my knowledge. Also I am aware that legal proceedings can be taken against me in the case of false information given in the above statements.

12. I hereby declare that I have obtained the attestation (sign & seal) as advised by the hospital as per the checklist of DME Chennai, Tamil Nadu. I am aware that legal proceedings can be taken against me In-case of any false information/ activities done by me or my family.

13. All the above contents are explained to me in my mother tongue and I understand the same.

Signature of the Witnesses; (Name and Address)

1. Paramananda Basu.
Sl.no - Tugat Lekhan Basu.
Qno - B/731, Sec-2
Deon-Godi, Karapur.

2. Kuntibabu Sahu
Sl.no - Ramakanta Sahu
Qno - B/393 Sec-2 Dommanjodi/Kirapet



Signature of the Donor

I, Solemnly affirmed at KHAIRPUTT this the 9th day of Sept,2020, before me, the contents of this affidavit having been first truly and audibly read over and explained to the deponent in English who appeared to perfectly understand the same and signed in my presence.

Signature 09/09/2020
EXECUTIVE MAGISTRATE
KHAIRPUTT



ଓଡିଶା ଓଡ଼ିଶା ODISHA

E 313261

ମାନ୍ୟବର କିର୍ତ୍ତାହି ଦସ୍ତଖତକାରୀ, ଜୀବିତପୂଚ୍ଛର ସମ୍ମାନରେ ବିବିଧ
ସ୍ଵଭ୍ୟପାଠ

ବାଜ୍ ଦେବା ଲୋକର ସତ୍ୟପାଠ

କୁହାରୀ ପାଇଁ ପାଇଁ କାହାର ମଧ୍ୟ ଅଛି ?

ଦେବ କୁତ୍ରିନି ଯେ ଜୀବ ବାପା ଆଲୋକ ବନ୍ଦୁ ଜୌଧୂରି, ବସ୍ତେ ୧୪ ବର୍ଷ ପିତା ଶ୍ରୀ କୃଷ୍ଣ ଚରଣ ଜୌଧୂରି, ପିକଣା ଏଇ ଦେ. କି/୧୭୧, ହେକ୍‌ଟର-୨, ମାଲୋକ ଗାୟକୀୟ, ଦାମନଘୋଡ଼ି, କିଲ୍ଲା-କୋଟିଆୟାର୍ଦ୍ରର କିନ୍ତୁ କିନ୍ତୁ କିନ୍ତୁ ପିତାରୁ ତାଙ୍କର ବୈଳ୍ପ ଉତ୍ସମ୍ମାନ ଏବଂ ଜୋତିକାଳ ସେଷ୍ଟର, ପିକଣା ଦେ. ଏ ହି.୧୯.୧୩ ଥିଲ୍ଲିକ୍ ଜୋଟ, କ୍ଷୁଣ୍ଣତ, ଜୋଦାକ-୨୦୦୪୪, ଦାମନକାଢ଼ି । ମୁଁ ଏହା ପରେ କୁତ୍ରିନି ଯେ ଜୀବ ବାପାର କିନ୍ତୁ ଏସୁମ୍ଭ କରାପ ଅଛେ । ତେଣୁ ତଣଙ୍କ ଲିରରକୁ ଥାନ୍ୟ କଣକୁ ପରିବର୍ତ୍ତନ କରାଯିଛି । ଅପେକ୍ଷନ କରି ଜୀବ କିନ୍ତୁ ପରିବର୍ତ୍ତନ କରିବା ସମୟରେ ଜୀବ କିନ୍ତୁ ପାହା କିନ୍ତି ଅସୁକ୍ଷିଧା ହେବ ବାହା ମୁଁ ତାଙ୍କ ରହିବି ।

ଆ.গ.৩৩

Bhupinder
EXECUTIVE MAGISTRATE
KHAIROUL



13 9.9.20
A.C. Chaudhury
Durgai


Chaudhury
Durgai

୭. ମୁଁ ବୁଝିଲି ଏ ଲିଇର ପରିବର୍ତ୍ତନ କରିବା ସମୟରେ ମୋର ପରିବର୍ତ୍ତନ କିଛି ରହାଇ ଥାଏ, କିନ୍ତୁ ବାହାକ୍ଷିପାଇଁ ଏବଂ ଜିବନ ପ୍ରତି ବିଶେଷ ଉଦ୍ଦିଷ୍ଟରେ ମୋର ଲିଇର କିମ୍ବା ଖରାପ ଦେଶବେଳପାଇଁ ତେବେ ମୁଁ କାହାକୁ ବାପ୍ତି କରିବି ନାହିଁ ।

୮. ମୁଁ ଲାଭିଛି ଲିଇର ପରିବର୍ତ୍ତନ ଅପେରସନ ଠିକ ବି ହୋଇ ନପାରେ ।

୯. ମୁଁ ମୋର ପରିବାର ସହ କ୍ଷେତ୍ର ଠିକଣାରେ ରହିଛି । ମୁଁ ସାବଳକ ଆଜେ ଏବଂ ସବୁ କଥା ବୁଝିଲା ପରି ମୋର ବସ୍ତୁ ହୋଇଛି । ମୁଁ ସୁଧା ମନ୍ତ୍ରିଙ୍କ, ଛିର ବିଭାଗେ ମୋର ବାପାଙ୍କୁ ରହ ପାଇ ମୋର ଲିଇରର ଭାଗ ମୋର ବାପା ଆଲୋକ ତତ୍ତ୍ଵବ୍ୟାକ୍ରମ କୌଣସିଙ୍କୁ ବାନ କଲି ।

୧୦. ମୁଁ ଛିର ବିଭାଗ ଓ ସୁଧା ମନ୍ତ୍ରିଙ୍କ, ରହ ପାଇ ଏବଂ ନିଜ କଳ୍ପାରେ ମୋର ଲିଇରର ଭାଗ ମୋର ବାପା ଆଲୋକ ତତ୍ତ୍ଵବ୍ୟାକ୍ରମ କୌଣସିଙ୍କୁ ବାନ ଦେବାରେ ମୋର କିମ୍ବା ପଲଶା କରକାର କାହିଁ କି ମୋର ପରିବାର ଲୋକଙ୍କର ପଲଶା ବବକାର ନାହିଁ ।

୧୧. ମୋର ବାପାଙ୍କୁ ରହ ପାଇଁ ମୁଁ ତାଙ୍କୁ ନହନତ ଲେବା (ଲିଇର ପରିବର୍ତ୍ତନ ତାଙ୍କୁ) ଏବଂ ତାଙ୍କୁ ଅନ୍ୟ କର୍ମଚାରୀଙ୍କୁ ବାଧିତ୍ତ ଦେଲି ସେମନେ ମୋର ଲିଇରର ଭାଗ ନେଇ ମୋର ବାପାଙ୍କୁ ଶରୀରରେ ଅପେରସନ କରାଇ ଲଗାଇ ରହ କରିବା ପାଇଁ ତେଣୁ କରିବେ ।

୧୨. ମୋର ଶରୀରରୁ ଲିଇର ଭାଗ ନେଇ ଅପେରସନ କରି ମୋର ବାପା ଆଲୋକ ତତ୍ତ୍ଵବ୍ୟାକ୍ରମ ଶରୀରରେ ଲଗାଇବା ସମୟରେ ଯଦି କିଛି ଅସୁବିଧା ଦୂର କି ରବିଷ୍ୟତରେ ଅସୁବିଧାର ଦୂର ତେବେ ତାଙ୍କୁ ରେଲା ଲାନ୍ତିକୁ ଏବଂ ମେତ୍ରିକାଳ ପେଞ୍ଜରର ଠିକଣା ନା. ୩ ସି.ଏଲ.ସି ଫ୍ରାର୍ ରୋଡ୍, କ୍ରୋଣେଟ୍, ଚେନାଇ-୭୦୦୦୪୪, ତାମିଲନାଡୁ ବାପ୍ତି ରହିବେ ନାହିଁ । ସେଥି ପାଇଁ ମୁଁ ଏବଂ ମୋର ପରିବାର ଲୋକ ବାପ୍ତି ରହିବୁ ।

୧୩. ଉତ୍ତର ଅପେରସନ ପାଇଁ ନିଜେ ବାପ୍ତି ଏବଂ ମୁଁ ଉତ୍ତର ଅପେରସନ ପାଇଁ କାହାକୁ ବାପ୍ତି କରିବି ନାହିଁ ।

୧୪. ଲିଇର ପରିବର୍ତ୍ତନ ଏବଂ ଶରୀରର ଭାଗ ଧାରା ୧୯୯୪ ର ନିୟମ ସବୁ ମୋତେ ବୁଝାଇଲେ ।

୧୦. ମୋର ସମସ୍ତ ଚଥ୍ୟ ମୋର ମାତୃଭାଷାରୁ ଇଂରାଜୀ ରେ ଶପଥ ପାଠ ଦେଇଛି ଏଥିରେ କିମ୍ବା ପରିବର୍ତ୍ତନ ହୋଇନାହିଁ ।

ଆମେ

EXECUTIVE MAGISTRATE
KHAIRPUR

100-20/2020
D-9/9/2020

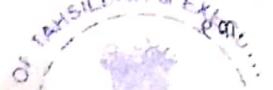


३ -

१९. मूँगाहा उथ्ये देलि जाहा घापूर्ण पत्त्य असेहे। यदि इविष्यत्रे मूँगी किंवा बुल उथ्ये देलथाए तेवेमो बिरुद्धरे आजन अनुग्राम्य कार्यानुष्ठ निआयिव।

२०. मूँगीकार उक्ति देलिकि डि.एम.इ, चेनाळ तामिळनाडूर तेक्क लिंग प्रकारे मूँगी घडक देलि। यदि किंवा तुटी वाहारे तेवेमोर बिरुद्धरे आजन अनुग्राम्य कार्यानुष्ठान निआयिव।

उपरोक्त घमधु उथ्ये मोर माकृतापारे दुर्भिकरे।



सांगीज नाम ओळखा

Parmanandar Baru.
No- Jugat Kutter Baru.
Dist- B/735, Sector-2,
Damayadi, Kolarapet.

२१. Krishnas Sabu
S/o Ramakanta Sabu
Da No- B/543 Sec-2
Damayadi, Kolarapet



मान देवा ज्ञानव यश्व

D-9/9/2020
EXECUTIVE MAGISTRATE
~ KHAIRPUT



ଓଡ଼ିଶା ଓଡ଼ିଶା ODISHA

SIN-16/2020
DAR-09/09/2020

E 313258

BEFORE THE EXECUTIVE MAGISTRATE: KHAIRPUT
DONOR'S DEPENDENT'S CONSENT FORM

I, Mrs. Priti Padma Jena, aged about 47 years, W/o- Mr.Alok Chandra Choudhury, residing at Qtr.No.B-521,Sec-2, Nalco Township,Damanjodi,Koraput,Odisha,763008. I hereby truthfully and solemnly affirm to the following declaration;

1. I understand that my own legal husband Mr.Alok Chandra Choudhury,aged about 54 years,S/o- Mr.N.C.Choudhury,residing at Qtr.No.B-521,Sec-2,Nalco Township, Damanjodi, Koraput,Odisha-763008 is suffering from liver failure, my own legal elder son Mr.Subhojeet Choudhury, aged about 24 years has consented to giving part of his liver as donation to my husband and his father Mr.Alok Chandra Choudhury. I understand that the donor in such liver transplant surgeries can have **wound infection, pain, bleeding and high risk to life**. I also understand that in future if some damage were to happen to the liver left behind.

2. I hereby declare, out of free will and accord, I fully consent to my elder son Mr.Subhojeet Choudhury,aged about 24 yrs,donating part of his liver to my husband Mr. Alok Chandra Choudhury and neither Myself or any of our family members will not hold "Dr.Rela Institute and Medical Centre" situated at No:7,CLC Works Road, Chrompet, Chennai-600 044, Tamil Nadu and Dr.Mohamed Rela (Transplant Surgeon) and his team of surgeons to operate and anesthetists and any other staffs involved in performing liver transplant recipient and donor surgery are not responsible for any untoward happening to my elder son Mr.Subhojeet Choudhury, aged about 24 years during surgery or during post operative period or at a later date. I am also aware that I or other members of our family have no monetary benefit out of his liver donation.

Contd.p/2

Biju
EXECUTIVE MAGISTRATE
KHAIRPUT
09/09/2020



O.P. 9.9.10
A. E.L. Chitravati
D. S. D.
Chitravati
Stamp Voucher

SL NO - 1620
DATE - 9/9/2020



3. I have been explained about rules of Transplantation of Human Organs Act,1994 (inclusive of amendment 2011).
4. I have been informed to translate this same affidavit in my mother tongue and I promise that I have not made any changes in the given content; this English Format is translated into my mother tongue.
5. I hereby declare that the above statements which are given by me are true and best of my knowledge. Also I am aware that legal proceedings can be taken against me in the case of false information given in the above statements.
6. I hereby declare that I have obtained the attestation (sign & seal) as advised by the hospital as per the checklist of DME Chennai,Tamil Nadu. I am aware that legal proceedings can be taken against me In-case of any false information/activities done by me or my family.
7. All the above contents are explained to me in my mother tongue and I understand the same.

Witnesses; (Name & address)

1. Paroma Nanda Banerji.
S/o - Jyoti Lalita Banerji.
C No - B/735, Sector - 2
Damaged. Koraput.

2. Krutibai Salio
S/o Ramakanta Salio
Qr No - B/253 Sec - 2 Damasajghi
Koraput



Signature of Donor's Dependent

I, Solemnly affirmed at KORAPUT on this the 9th day of Sept,2020, before me, the contents of this affidavit having been first truly and audibly read over and explained to the deponent in English who appeared to perfectly understand the same and signed in my presence.



Durgas
EXECUTIVE MAGISTRATE
KHAIRPUT
9/9/2020

भारतीय गैर न्यायिक



ଓଡ଼ିଶା ଓଡ଼ିଶା ODISHA

E 313259



ମାନ୍ୟବର ନିର୍ବାହି ବଣ୍ଣପିକାରୀ, ଖାଇରିଜ ପୁରୁଷର ସମ୍ମାନରେ ବିବିଧ
ସତ୍ୟପାଠ

ଦାନ କରିବା ବ୍ୟକ୍ତି ଉପରେ ନିର୍ଭରଣୀଳ ବ୍ୟକ୍ତିର ସମ୍ମାନ

ମୁଁ ପ୍ରତି ପଦ୍ମା କେନା, ବୟସ ୪୭ ବର୍ଷ, ସ୍ଥାନ ଶ୍ରୀ ଆଲୋକ ଚନ୍ଦ୍ର ଚୌଧୁରୀ, ଠିକଣା ଘର ନଂ.
ବି/୪୭୧, ସେକ୍ଟର-୨, ନାଲୋକ ଗାରନ୍ସିପ, ଦାମନ୍ୟୋତି, ଜିଲ୍ଲା-କୋରାପୂର, ଓଡ଼ିଶା-୭୫୩୦୦୮ ।
ମୁଁ ସତ୍ୟନିଷ୍ଠ ଭାବରେ ସତ୍ୟପାଠ କରି ଘୋଷଣା କରୁଥାଏଇ ଯେ,

୦୧. ମୋର ସ୍ଥାନ ଆଲୋକ ଚନ୍ଦ୍ର ଚୌଧୁରୀ, ବୟସ ୪୪ ବର୍ଷ ପିତା ଶ୍ରୀ ନୃସିଂହ ଚରଣ ଚୌଧୁରୀ, ଠିକଣା
ଘର ନଂ. ବି/୪୭୧, ସେକ୍ଟର-୨, ନାଲୋକ ଗାରନ୍ସିପ, ଦାମନ୍ୟୋତି, ଜିଲ୍ଲା-କୋରାପୂର ଲିଭର
ଖରାପ ଅଟେ । ମୋର ନିଜ ଏବଂ ଆଇନଗତ ବଢ଼ ପୁଅ ଶୁଭକିତ ଚୌଧୁରୀ, ବୟସ ୨୪ ବର୍ଷ ନିଜ
ରଜ୍ଜାରେ ନିଜର ଲିଭରର ଗୋଟିଏ ଭାଗ ମୋର ସ୍ଥାନକୁ ଦାନ କରିବା ପାଇଁ ସମ୍ମାନ କଣାଇଛନ୍ତି ଏବଂ
ତାହାର ବାପା ଆଲୋକ ଚନ୍ଦ୍ର ଚୌଧୁରୀ ଅଟନ୍ତି । ମୁଁ ବୁଝିଛି ଲିଭର ଦାନ ଦେବା ସମୟରେ କ୍ଷତି ହୋଇପାରେ
ଏବଂ ଜୀବନ ପ୍ରତି ବିପଦ ବି ଆସିପାରେ । ଯଦି କିଛି ଅସୁବିଧା ହୁଏ ତାହା ମୁଁ ସହିବି ।

ଆ.ପୁ.ଦେ

EXECUTIVE MAGISTRATE
KHAIRPUR
07/07/2020



11 99.10
Ach. Chaudhury
Dennis

Chaudhury Baril
Stamp Vendor Kozaput



୦୭. ମୁଁ ଏତଦ୍ୱାରା ଏକାଗ୍ରତା ଏବଂ ମୁକ୍ତ ଭାବରେ ଘୋଷଣ କରୁଥିଲି କି, ମୋର ବଡ଼ ପୁଅ ଶୁଭଜିତ
ଚୌଧୁରି, ବୟସ ୨୪ ବର୍ଷ ନିଜ ଲଜ୍ଜାରେ ତାହାର ବାପା ଆଲୋକ ଚନ୍ଦ୍ର ଚୌଧୁରିକୁ ଲିଭର ଦାନ କରିବ
। ମୁଁ ଏବଂ ମୋର ପରିବାର ଲୋକମାନେ ନିଜ ସ୍ଵଲଜ୍ଜାରେ ତାଙ୍କୁ ରେଲା ଜନଶ୍ୱୟଗ ଏବଂ ମେଉଳାଲ
ସେଣ୍ଟର, ଠିକଣା ନଂ. ୭ ସି.ଏଲ.ସି ଥ୍ରୀକ ରୋଡ, କ୍ଲେମେଟ, କେନାଇ-୭୦୦୦୪୪, ଭାରିଲନାଡୁ
ସାଥୀରେ ତାଙ୍କୁ ମହମଦ ରେଲା (ପ୍ରାନସପ୍ଲାଷ୍ଟ ତାଙ୍କର) ଏବଂ ତାଙ୍କର ସଦସ୍ୟକୁ ଏବଂ ନିଷ୍ଠେଜଳ
ତାଙ୍କରକୁ ଦେଲୁ ସେ ନିଷ୍ଠେଜଳ ଦେଇ ଲିଭର ଦେବା ଲୋକ ଠାରୁ ଲିଭର ନେଇ ମୋର ସ୍ଥାମିଙ୍କ
ଶରିରରେ ଲିଭର ଲଗାଇବେ । ଅପରେସନ ସମୟରେ କିମ୍ବା ଅପରସେନ ପରିବର୍ତ୍ତ ସମୟରେ କିମ୍ବା
ଭବିଷ୍ୟତରେ କୌଣସି ଲିଭର ଜନିତ ଅସୁବିଧା ଦୂର ତେବେ ପେମାନେ ଦାୟୀ ରହିବେ ନାହିଁ । ଆମୁ
ପରିବାରରେ ମୁଁ କିମ୍ବା ଅନ୍ୟ ପରିବାର ସଦସ୍ୟ ମାନେ ଅବଗତ ଅଛୁ ଯେ, ଲିଭର ଦାନରେ କୌଣସି
ଆର୍ଥିକ ଲାଭ ପାଇବୁ ନାହିଁ ।

୦୮. ମୋତେ ମଣିଷ ଶରିରର ଅଙ୍ଗ ଧାରା ୧୯୯୪ ନିଯମ (ସଂଶୋଧନ ୨୦୧୧ ସମେତ) ବିଷୟରେ
ବୃଦ୍ଧାଇ ବୃଦ୍ଧାଇ ଦିଆଗଲା ।

୦୯. ଏହି ସତ୍ୟାଠର ବିଷୟବ୍ୟକ୍ତି ମୋର ମାତୃଭାଷାରେ ମୋତେ ବୃଦ୍ଧାଇ ଦିଆଗଲା । ମୁଁ ମୋର ସ୍ଥିକାର
ଉତ୍ତି ଶାପଥ ପାଠରେ ଓଡ଼ିଆ ଆକାରରେ ଦେଲି ଏଥିରେ କିଛି ପରିବର୍ତ୍ତନ କରିବି ନାହିଁ ।

୧୦. ମୁଁ ଯାହା ସ୍ଥିକାର ଉତ୍ତି ଦେଲି ତାହା ମୁଁ ଜାଣିବାରେ ସତ୍ୟ ଅଟେ । ଯଦି ମୁଁ କିଛି ଭୁଲ ତଥ୍ୟ
ଦେଇଥାଏ ତେବେ ଆଜନ ଅନୁଯାୟୀ ଦଣ୍ଡନିୟ ହେବି ।

୧୧. ମୁଁ ସ୍ଥିକାର ଉତ୍ତି ଦେଲି ଯେ ଡି.ଏମ.ଇ କେନାଇ ଭାରିଲନାଡୁର କେଳ ଲିଙ୍ଗ ପ୍ରକାରେ ସମସ୍ତ
କାଗଜରେ ସକ୍ତ ଦେଲି ଯଦି ମୁଁ କିଛି ଭୁଲ ତଥ୍ୟ ଦେଇଥାଏ ତେବେ ମୋର କିମ୍ବା ମୋର ପରିବାର
ଲୋକଙ୍କ ବିରୁଦ୍ଧରେ ଆଜନ ଅନୁଯାୟୀ କାର୍ଯ୍ୟାନୁଷ୍ଠାନ ନିଆଯିବ ।

୧୨. ମୁଁ ଯାହା ତଥ୍ୟ ଦେଲି ତା ମୋତେ ମୋର ମାତୃଭାଷାରେ ବୃଦ୍ଧିଇଲେ ।

ସାମାଜିକ ନାମ ଓ ଠିକଣା

୧. Parmananda Barik.
୧୦ - Jagat Kishor Barik.
୧୦୦ - B/୩୫, Beetur,
Damangudi, Korumput.

୨. Krutibas Sahu
୧୦ Ramakanta Sahu
୧୧ No - B/୩୯୩ Sec- 2
Damangudi Korumput



ଦାନ କରିବା ନିର୍ଦ୍ଦତ୍ତ ସନ୍ତକ

Dhananjay
10/09/2022
EXECUTIVE MAGISTRATE
KHAIRPUT

I [FORM 10]
APPLICATION FOR APPROVAL FOR TRANSPLANTATION (LIVE DONOR)
[To be completed by the proposed recipient and the proposed donor]
[Refer Rule 4(1) (a) (b)]



Photograph of the Donor
Recipient
(Self-attested)



of the
(Self-
attested)

I Mr.Alok Chandra Choudhury aged 54 years, Qtr no-B/521, Sec-2, Nalco Township, Damanjodi, Koraput, Odisha,763008, has been advised by my doctor that I am suffering from End Stage Liver Disease and may be benefited by transplantation of part of liver into

my body.

And Whereas I Mr.Subhojeet Choudhury aged 24 years S/o Mr.Alok Chandra Choudhury aged 54 years, Qtr no-B/521, Sec-2, Nalco Township, Damanjodi, Koraput, Odisha,763008 by the following reason (s): -

by virtue of being a near relative i.e. Father

by reason of affection & attachment I would therefore like to donate part liver

We, Mr.Subhojeet Choudhury (Donor) and Mr.Alok Chandra Choudhury (Recipient), hereby apply to Authorization Committee for permission for such transplantation to be carried out.

We solemnly affirm that the above decision has been taken without any undue pressure, inducement, influence or allurement and that all possible consequences and options of organ transplantation have been explained to us.

Instructions for the applications:-

(a) Form 10 must be submitted along with the completed Form 1(A), or Form 1(B) or Form 1 (C) as may be applicable.

(a) The applicable Form i.e. Form 1 (A) or Form 1(B) or Form 1(C), as the case may be, should be accompanied with all documents mentioned in the applicable form and all relevant queries set out in the applicable form must be adequately answered.

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KHAIRPUT

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- (b) Completed Form 3 to be submitted along with the laboratory report.
- (c) The doctor's advice recommending transplantation must be enclosed with the application.
- (d) In addition to above, in case the proposed transplant is between unrelated persons, appropriate evidence of vocation and income of the donor as well as the recipient for the last three years must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income-tax returns, keeping in view that the applicant(s) in a given case may not be filing income-tax returns.
- (e) The application shall be accepted for consideration by the Authorisation Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.
- (f) As per the Supreme Court's judgement dt. 31-3-2005, the approval/No Objection Certificate from the concerned State / Union Territory Government or Authorisation Committee is mandatory from the domicile State / Union Territory of donor as well as recipient. It is understood that final approval for transplantation should be granted by the Authorisation Committee / Registered Medical Practitioner i.e. Incharge of transplant center (as the case may be) where transplantation should be done.

We have read and understood the above instructions.

Signature of the Prospective Donor

Signature of the Prospective Recipient

Date

Date

Place

Place

Witness

Witness

① Parama Mandar Barik.

②

S/o - Joychandra Barik.

Krushibala Saha

Q.No - B/738, Sector - 2,

Q.No - B/393 Sec - 2

Patnayakuli, Gorakhpur

Damayandhi Koraipet

10/09/2012
EXECUTIVE MEMBER
DIRECTORATE OF EXAMINATIONS
EXECUTIVE MAGISTRATE
KIRAN

FORM 1(A)

(To be completed by the prospective related Donor)

(Rule rule 3)

My full name is Mr. Subhajeet Choudhury and this is my photograph

Photograph of the Donor
(Attested by Notary Public)



My permanent home address is Qtr. B/521, Sec-2, Nalco Township, Damanjodi, Koraput, Odisha, 763008.

My present home address is Qtr. B/521, Sec-2, Nalco Township, Damanjodi, Koraput, Odisha, 763008.

* Ration/consumer card number and Date of issue and place
(photo copy attached)

* Voter's I-Card Number, date of issue, Assembly Constituency
(Photocopy attached)

and/or

* Passport number and country
(Photocopy attached)

and/or

* Driving License Number, Date of issue, licensing authority
(Photocopy attached)

Witness

① Paramananda Barik
S/o - Jayantilal Barik
No - B/731, Sec-2
Nalco Township -
Koraput -

② Kantiabati Salia
S/o Ramakanta Salia
RA No - B/393 Sec-2
Damanjodi - Koraput

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and/or

- PAN _____ (Photocopy attached)

And/or

- Other proof of Identity and address: _____ (Photocopy attached)

I hereby authorize removal for therapeutic purposes/consent to donate a part of liver to my Father whose name is Mr.Alok Chandra Choudhury, and who was born on 06.04.1966 (Day/Month/year) and whose particulars are as follows;

Photographs of the Recipient

(Attested by Notary Public)



EXECUTIVE MAGISTRATE
KHAIRPUT

- Ration/Consumer Card number and Date of issue and place (Photocopy attached)

And/or

- Voter's I-Card Number, date of issue, Assembly (Photocopy attached)

- Passport number and country of issue (Photocopy attached)

- Driving License number, Date of issue, licensing authority (Photocopy attached)

Witness

Witness

① Parama Nanda Baruah,
S/o - Jagat Kumar Baruah.
C/O - No-7/735, Sector-2
Dorajodi, Kamrup.

② Kranti Baruah Saha
S/o Ramakanta Saha
Sector-13/393 Sec-2
Damanyodi, Karapur

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KHAIRPUT

- And/or
- PAN _____ (Photocopy attached)
 - Other proof of identity and address
 (i) _____ (Photocopy attached)
 (ii) _____ (Photocopy attached)

I solemnly affirm and declare that: Section 2,9 and 19 of the transplantation of Human Organs Act,1994 have been explained to me and I confirm that:

- THE COURT OF TAHSILDAK*
1. I understand the nature of criminal offences referred to in the Sections.
 2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
 3. I am giving the consent and authorization to remove my Part Liver (Organ) of my own free will without any undue pressure; inducement, influence or allurement.
 4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my Part Liver (Organ). That explanation was given by Dr. Mohamed Rela (Name of registered medical practitioner)
 5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
 6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
 7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....
Signature of the prospective Donor

Date

Note: To be sworn Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit (s) signs (s) on the Notary Register, as well.

Whenever applicable.

Witness
 ② Kruttibay Sahu
 S/o Ramakanta Sahu
QR NO-B/393 SEC-2
Damangjodi Koraput

[Signature]
 EXECUTIVE MAGISTRATE
 KHAIRPUT

Scanned with CamScanner



Witness
 1 - Parama Nanda Banik.
 S/o - Jugay Nishor Banik.
 NO - B/735, Sector - 2
 Damanjodi, Koraput

FORM - IV

I Mrs.Priti Padma Jena aged 47 years W/o. Mr. Alok Chandra Choudhury residing at Qtr no-B/521, Sec-2, Nalco Township, Damanjodi, Koraput, Odisha,763008 do hereby authorize to remove a Part Liver from "My own Elder Son" Mr.Subhojeet Choudhury aged 24 years, residing at Qtr no-B/521, Sec-2, Nalco Township, Damanjodi, Koraput, Odisha,763008 for therapeutic purpose/consent to donate a Part of his Liver to Mr.Alok Chandra Choudhury aged 54years S/o. N.C.Choudhury residing at Qtr no-B/521, Sec-2, Nalco Township, Damanjodi, Koraput, Odisha,763008 "My Husband"

I certify that the above authority/consent has been given by me out of my own free will without any undue pressure, inducement, influence or allurement. The purpose of a Part Liver donation and all possible complications, side effects and consequences of the said donation have been explained to me, before giving this authority and consent.



Signature of the Donor's Dependant

Dhanya
09/09/2020

EXECUTIVE MAGISTRATE
KHAIRPUT

Witness

① Paroma Nanda Barik.
S/o - Jugad Lakshmi Barik.
AHO - B/735, Sector-2.
Damanjodi, Koraput.

Dhanya
09/09/2020

EXECUTIVE MAGISTRATE
KHAIRPUT

② Kanti Bihari Salio
S/o - Ramakanta Salio
AHO - B/393 Sec-2
Damanjodi Koraput

**Declaration of the Recipient, Donor and Donor's Dependant
on Post Operative Complications**

We, Mr. Alok Chandra Choudhury (Recipient), Mr. Subhojeet Choudhury(Donor), and Mrs. Priti Padma Jena (Donor Dependant) declare that, we have been explained by the Physician about the consequences involved in Liver Transplantation and Donor surgery (Donor Hepatectomy).

We have been explained the following complications in our native language.

Recipient Complications	Donor Complications
<ul style="list-style-type: none"> Hepatic artery & Portal venous leak/thrombosis/stenosis Biliary leak Anastomotic leaks 	<ul style="list-style-type: none"> Risk of death: 1 in 300 Risk of complications: 1 in 5 Bleeding
<ul style="list-style-type: none"> Infection and Sepsis 	<ul style="list-style-type: none"> Infections in chest, abdomen, urine, blood and wound
<ul style="list-style-type: none"> Primary non function 	<ul style="list-style-type: none"> Bile leaks
<ul style="list-style-type: none"> Seizures 	<ul style="list-style-type: none"> Deep venous thrombosis
<ul style="list-style-type: none"> Re-exploration 	<ul style="list-style-type: none"> Pulmonary embolism
<ul style="list-style-type: none"> Bleeding and hazards of blood products transfusion 	<ul style="list-style-type: none"> Cardiac complications: heart attacks, irregular rhythms
<ul style="list-style-type: none"> Continued ventilator support 	<ul style="list-style-type: none"> Liver failure
<ul style="list-style-type: none"> Immuno suppressive drugs and their side effects. 	<ul style="list-style-type: none"> Need for blood transfusion
<ul style="list-style-type: none"> Acute and Chronic Rejection 	<ul style="list-style-type: none"> Need for prolonged ICU stay, ventilation
<ul style="list-style-type: none"> Renal dysfunction and dialysis support 	<ul style="list-style-type: none"> Need for imaging studies and percutaneous interventions such as angiography, embolization, drainage
<ul style="list-style-type: none"> Inotropic support 	<ul style="list-style-type: none"> Need for endoscopic procedures (ERCP)
<ul style="list-style-type: none"> Prolonged ICU/ hospital stay 	<ul style="list-style-type: none"> Need for re-operation
<ul style="list-style-type: none"> All above causing mortality about 5 - 10% 	<ul style="list-style-type: none"> Wound complications and incisional hernia



• PTLD



Recipient



Donor



Donor



Durgar
09/09/2021
EXECUTIVE MAGISTRATE
KHAIRPUT

Witness

- ① Paroma Nanda Baruah.
S/o - Jugal Kumar Baruah.
QNo - B/735, Sector - 2,
Dhamayandi, KoraPur.
- ② Kontibay Salu
S/o Ramakanta Salu
QNo - B/393 Sec - 2
Dhamayandi, KoraPur



Durgar
09/09/2021
EXECUTIVE MAGISTRATE
KHAIRPUT