# FORM 15: Consent Form for the Donor of Sperm

I, {full\_name}, residing at {address}, PIN Code: {pin\_code}, Mobile: {contact\_number}, Aadhaar Number {aadhaar\_number}, willingly consent to donate my sperm to couple/individual who are unable to have a child by other means. At this stage and to the best of my knowledge I am free of any infectious diseases or genetic disorders.

I have had a full discussion with Dr. Ravikumar N.R on {date\_of\_discussion}, address Subash Nagara, B.H Road, Nelamangala Town, Bengaluru District, Karnataka-562123.

I have been counselled by Ranjana Basavaraj Byadagi, address Avaraguppa, Avaraguppa Post, Siddapura, Uttara Kannada-581355 on {date\_of\_consultancy}.

(I understand that there will be no direct or indirect contact between the recipient, and me, and my personal identity will not be disclosed to the recipient or to the child born through the use of my gamete.)

I understand that I shall have no rights whatsoever on the resulting offspring and vice versa.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Donor

## ENDORSEMENT BY THE ART BANK

I/we have personally explained to {full\_name}, the details and implications of his signing this consent/approval form, and made sure to the extent humanly possible that he understands these details and implications.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name and signature of the Doctor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name, address and signature of the Witness from the ART bank

Name and address of the ART bank  
Cryoconserve Private Limited,  
3rd Floor, 59/1, Dr Rajkumar Road, 2nd Block,  
Rajajinagar, Bengaluru, Karnataka 560010

Dated: {date}