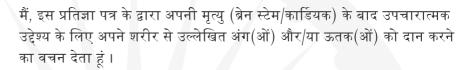


Ministry of Health & Family Welfare Government of India

ORGAN DONATION PLEDGE CERTIFICATE



I, hereby unequivocally authorise the removal of the mentioned Organ(s) and /or Tissue(s) from my body for therapeutic purpose after being declared (Brain Stem/Cardiac) dead by the board of medical experts.

पिता/पति का नाम

Father's/Husband's Name

आभा संख्या

ABHA Number

NOTTO ID

अंग

Organs

ऊतकों

Tissues

अन्य अंग और ऊतक other organs and tissues

जारी करने की तारीख

Date of Issuance

ब्लड ग्रुप Blood Group

आपातकालीन संपर्क नंबर

Emergency Contact Number

