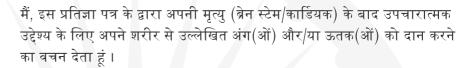


## Ministry of Health & Family Welfare Government of India

## 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** 

