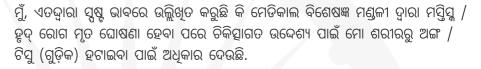


## Ministry of Health & Family Welfare Government of India

## 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.

ପିତାଙ୍କ ନାମ/ପତିଙ୍କ ନାମ Father's/Husband's Name

ଆଭା ସଙ୍ଖ୍ୟା ABHA Number

**NOTTO ID** 

ଅଙ୍ଗ ଗୁଡ଼ିକ Organs

ଟିସ୍ୟୁ ଗୁଡ଼ିକ Tissues

ଅନ୍ୟାନ୍ୟ ଅଙ୍ଗ ଓ ଟିସ୍ୟୁ other organs and tissues

ଜାରି କରିବାର ତାରିଖ Date of Issuance ରକ୍ତ ଗୋଷ୍ଠୀ Blood Group ଜରୁରୀକାଳୀନ ଯୋଗାଯୋଗ ନମ୍ବର

**Emergency Contact Number** 

