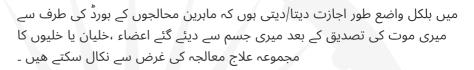


## Ministry of Health & Family Welfare Government of India

## 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.

والد/شوہر کا نام Father's/Husband's Name

اے بی ایچ اے نمبر ABHA Number

**NOTTO ID** 

اعضاء Organs

خلیان Tissues

جاری کرنے کی تاریخ Date of Issuance بلڈ گروپ Blood Group ہنگامی رابطہ نمبر

**Emergency Contact Number** 

