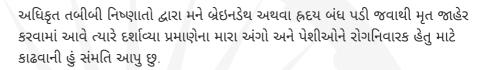


Ministry of Health & Family Welfare Government of India

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.

પિતાનું / પતિ નું નામ Father's/Husband's Name

ABHA નંબર ABHA Number

NOTTO ID

અવયવો Organs

પેશીઓ Tissues

અન્ય અવયવો અને પેશીઓ other organs and tissues

જારી કરવાની તારીખ Date of Issuance લોહી નુ ગૃપ Blood Group આપાતકાલીન સંપર્ક નંબર Emergency Contact Number

