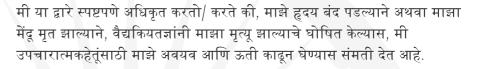


Ministry of Health & Family Welfare Government of India

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.

वडिलांचे/पतीचे नाव

Father's/Husband's Name

ABHA क्रमांक

ABHA Number

NOTTO ID

अवयव

Organs

उती

Tissues

रक्तगट

Blood Group

आपत्कालीन संपर्क क्रमांक

Emergency Contact Number

जारी करण्याची तारीख Date of Issuance

