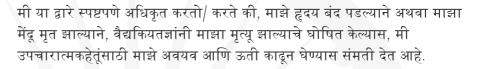


Ministry of Health & Family Welfare Government of India

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

इतर अवयव आणि ऊती other organs and tissues

जारी करण्याची तारीख Date of Issuance रक्तगट Blood Group आपत्कालीन संपर्क क्रमांक

Emergency Contact Number

