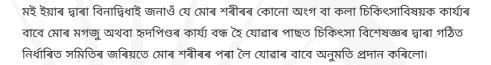


Ministry of Health & Family Welfare Government of India

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.

পিতৃ/স্বামীৰনাম

Father's/Husband's Name

আভা নম্বৰ

ABHA Number

NOTTO ID

অংগ

Organs

কলাবোৰ

Tissues

অন্যান্য অংগ আৰু কলা other organs and tissues

জাৰি কৰাৰতাৰিখ

Date of Issuance

ব্লাড গ্ৰুপ Blood Group জৰুৰীকালীন যোগাযোগ নম্বৰ

Emergency Contact Number

