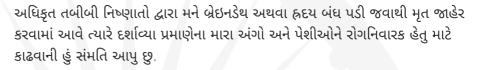


## Ministry of Health & Family Welfare Government of India

## 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

જારી કરવાની તારીખ Date of Issuance લોહી નુ ગૃપ Blood Group

આપાતકાલીન સંપર્ક નંબર

**Emergency Contact Number** 

