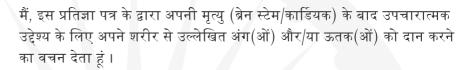


Ministry of Health & Family Welfare Government of India

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.

पिता/पति का नाम

Father's/Husband's Name

आभा संख्या

ABHA Number

NOTTO ID

अंग

Organs

ऊतकों

Tissues

ब्लड ग्रुप

Blood Group

आपातकालीन संपर्क नंबर

Emergency Contact Number

जारी करने की तारीख Date of Issuance

