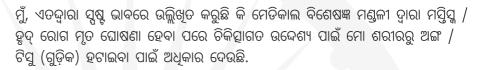


Ministry of Health & Family Welfare Government of India

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.

ପିତାଙ୍କ ନାମ/ପତିଙ୍କ ନାମ Father's/Husband's Name

ଆଭା ସଙ୍ଖ୍ୟା ABHA Number

NOTTO ID

ଅଙ୍ଗ ଗୁଡ଼ିକ Organs

ଟିସ୍ୟୁ ଗୁଡ଼ିକ Tissues ରକ୍ତ ଗୋଷ୍ଠୀ Blood Group

ଜରୁରୀକାଳୀନ ଯୋଗାଯୋଗ ନମ୍ବର Emergency Contact Number

ଜାରି କରିବାର ତାରିଖ Date of Issuance

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