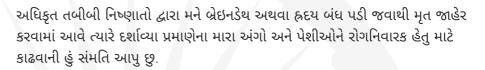


Ministry of Health & Family Welfare Government of India

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**

Tissues

પેશીઓ

લોહી નુ ગૃપ **Blood Group** આપાતકાલીન સંપર્ક નંબર **Emergency Contact Number**

જારી કરવાની તારીખ Date of Issuance

