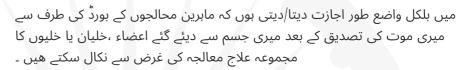


Ministry of Health & Family Welfare Government of India

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.

والد/شوہر کا نام Father's/Husband's Name

اے بی ایچ اے نمبر ABHA Number

NOTTO ID

اعضاء Organs

خلیان Tissues

دیگر اعضاء اور خلیاں other organs and tissues

جاری کرنے کی تاریخ Date of Issuance بلڈ گروپ Blood Group ہنگامی رابطہ نمبر Emergency Contact Number

