

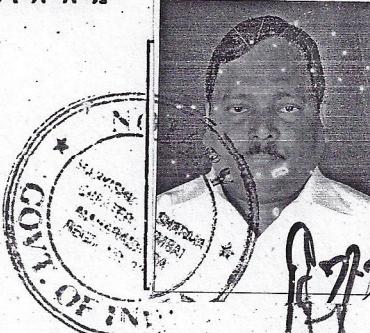
**FORM 10**

(Page 1 of 2)

**APPLICATION FOR APPROVAL FOR TRANSPLANTATION (LIVE DONOR)**

(To be completed by the proposed recipient and the proposed donor)

[See Rule 4 (1) (c)(d)(e)]

Photograph of the Donor  
(Self-attested)Photograph of the recipient  
(Self-attested)

Whereas I ..... vijas Jaysing Jagade S/o, D/o, W/o,  
 Shri/Smt. Jaysing Jagade aged ..... residing at .....  
 D-312, shree sagar 500677 ghatkopar wad dhombiv. .... have been  
 advised by my doctor ..... that I am suffering from .....  
 ..... and may be benefited by transplantation  
 of ..... kidney ..... into my body.

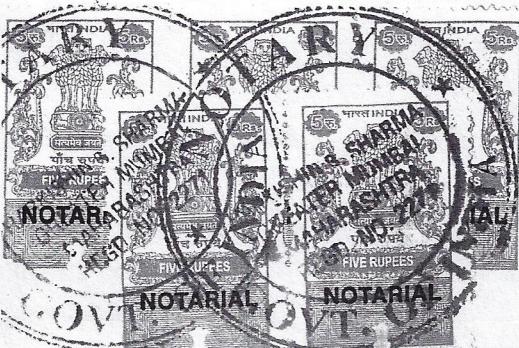
And whereas I ..... S/o, D/o, W/o,  
 Shri/Smt. ..... aged ..... residing at .....  
 ..... by the following reason(s):

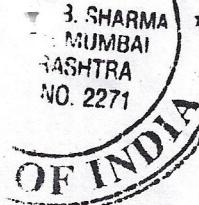
- a) by virtue of being a near relative i.e. ....
  - b) by reason of affection/attachment/other special reason as explained below :-
- .....  
 .....  
 .....

I would therefore like to donate my (name of the organ) ..... kidney ..... to  
 Shri/Smt. ..... vijas Jaysing Jagade .....  
 We Archana V. Jagade and vijas Jaysing Jagade .....  
 (Donor) (Recipient)

hereby apply to Authorization Committee for permission for such transplantation to be carried out.

We solemnly affirm that the above decision has been taken without any undue pressure, inducement, influence or allurement and that all possible consequences and options of organ transplantation have been explained to us.



**FORM 10 [Page 2]****Instructions for the applicants:-**

1. Form 10 must be submitted along with the completed Form 1(A), or Form 1(B) or Form 1(C) as may be applicable.
2. The applicable Form i.e. Form 1(A) or Form 1(B) or Form 1(C) as the case may be, should be accompanied with all documents mentioned in the applicable form and all relevant queries set out in the applicable form must be adequately answered.
3. Completed Form 3 to be submitted along with the laboratory report.
4. The doctor's advice recommending transplantation must be enclosed with the application.
5. In addition to above, in case the proposed transplant is between unrelated persons, appropriate evidence of vocation and income of the donor as well as the recipient for the last three years must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income tax returns, keeping in view that the applicant(s) in a given case may not be filing income tax returns.
6. The application shall be accepted for consideration by the Authorisation Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.
7. As per the Supreme Court's judgement dated 31.03.2005, the approval/ No Objection Certificate from the concerned State/ Union Territory Government or Authorisation Committees is mandatory from the domicile State/ Union Territory of donor as well as recipient. It is understood that final approval for transplantation should be granted by the Authorisation Committee/ Registered Medical Practitioner i.e. Incharge of transplant centre (as the case may be) where transplantation should be done.

We have read and understood the above instructions.

31.09.2013  
Signature of the Prospective Donor

Date : 04/12/13

Place :

Thane

14.12.2013  
Signature of Prospective Recipient

Date : 04/12/13

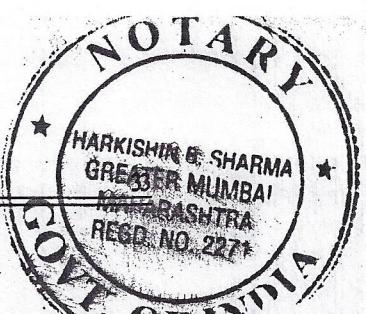
Place :

Thane

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BEFORE ME;  
F 4 DEC 2013  
HARKISHIN B. SHARMA  
ADVOCATE & NOTARY  
1, OJAS BLDG., GROUND FLOOR,  
NEAR RATION OFFICE, S. N. ROAD,  
MULUND (W), MUMBAI-400 080

**FORM 2**

[See rule 4(1) (b)]

(To be completed by the concerned Medical Practitioner)

I, Dr. Amit Nagarik possessing qualification of ... M.D., D.N.B. (Medical) D.N.B (Nephrology), registered as medical practitioner at serial no. .... by the ....

Medical Council, certify that I have examined Shri/ Smt./ Km. Archana V. Jayade S/o/D/o, W/o Shri ... Balaji Kalak aged ... 50 ... who has given informed consent about donation of the organ, namely (name of the organ) ... Kidney ... to Shri/Smt./Km ... N. J. As. T. Jayasingh Teegude who is a 'near relative' of the donor/other than near relative of the donor, who had been approved by the Authorisation Committee/ Registered Medical Practitioner i.e. Incharge of transplant centre (as the case may be) and that the said donor is in proper state of health and is medically fit to be subjected to the procedure of organ removal.

Place: ... T.N.R.L.

Date: ... 02/12/2013

**DR. AMIT NAGARIK**

M.D., D.N.B (Med.), D.N.B (Nephrology)

Consultant Nephrologist &amp;

Renal Transplant Physician

Reg. No. MMC/2000/03/1828

Signature of Doctor

Seal

Photograph of the Donor  
(Attested by doctor)Photograph of the recipient  
(Attested by the doctor)**FORM 3**

[See Rule 4(1)(c)]

I, Dr./Mr./Mrs. .... working as ..... at ..... and possessing qualification of ..... certify that Shri/ Smt./ Km. .... S/o, D/o, W/o Shri/ Smt. .... aged ..... the donor and Shri/ Smt. .... S/o, D/o, W/o Shri/Smt. .... aged ..... the proposed recipient of the organ to be donated by the said donor are related to each other as brother/sister/mother/father/son/daughter as per their statement and the fact of this relationship has been established / not established by the results of the tests for Antigenic Products of the Human Major Histocompatibility Complex. The results of the tests are attached.

Place .....

Date .....

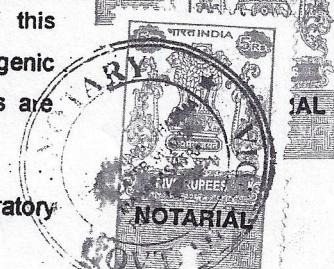
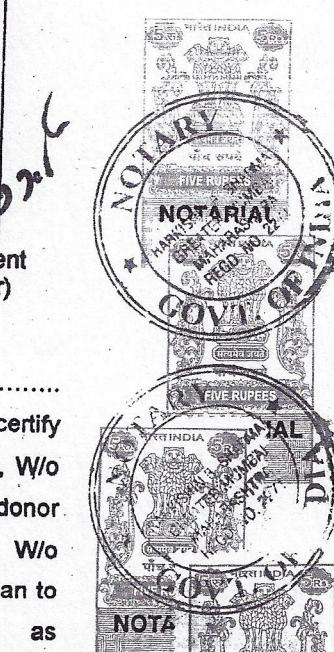
Signature  
(To be signed by the Head of the Laboratory)

Seal

BEFORE ME:

HARSHISH B. SHARMA  
ADVOCATE & NOTARY  
1. OJAS BLDG., GROUND FLOOR,  
NEAR RATION OFFICE, S. N. ROAD,  
MULUND (W), MUMBAI-400 080

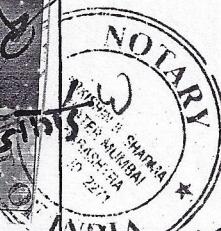
2945 GI/08-5



**FORM 1(B)**  
 (Page 1 of 2)  
 (To be completed by the prospective spousal donor)  
 (see Rule 3)

My full name is M.D.S. - A.T.C.A. 4.27.9 ..... Vijas Jagdale  
 and this is my photograph

Photograph of the Donor  
 (Attested by Notary Public)



My permanent home address is

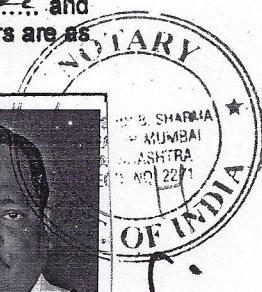
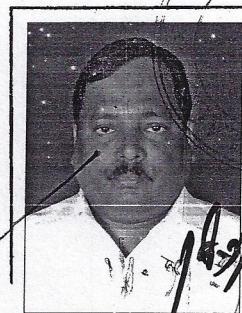
D-3/2 A, shree shrawan society, 9981 bawali wada  
M. Phule Rd, Dombivali (Cavit) Tel: 0251-24106539

My present home address is D-3/2A, shree shrawan chs, 9981 bawali  
wada, M. Phule Rd, Dombivali (Cavit) Tel: 9967474834

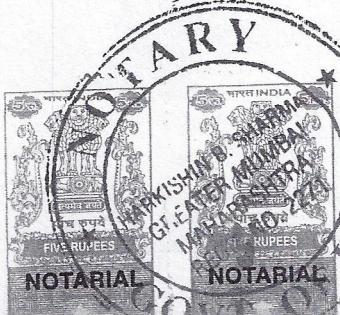
Date of birth ..... 01/10/1963 (day/month/year)

I authorize to remove for therapeutic purposes/consent to donate my  
 (state which organ) to my husband/wife ..... A.U.S. BIND .....  
 whose full name is Shreyas V. Jagdale and  
 who was born on 08/10/1959 (day/month/year) and whose particulars are as  
 follows:

Photograph of the Recipient  
 (Attested by Notary Public)



- Ration/Consumer Card number and Date of issue & place:  
 (Photocopy attached) WA - 800478 dated - 10/03/09  
 and/or
- Voter's I-Card number, date of issue, Assembly constituency.....  
 (Photocopy attached) H.T.O - 1352541 dated 01-9-2006  
 and/or
- Passport number and country of issue.....  
 (Photocopy attached) S.T., KARIGAR, ASSAM 814  
 and/or
- Driving Licence number, Date of issue, licensing authority.....  
 (Photocopy attached)
- PAN 058P-33149M  
 and/or
- Other proof of identity and address .....  
00198990000 - 7933-19155978



FORM 1(B) [Page-2]

**I submit the following as evidence of being married to the recipient:-**

- (a) A certified copy of a marriage certificate
- OR
- (b) An affidavit of a 'near relative' confirming the status of marriage to be sworn before Class-I Magistrate/Notary Public.
  - (c) Family photographs
  - (d) Letter from member of Gram Panchayat / Tehsildar / Block Development Officer/ MLA/ MP certifying factum and status of marriage.
- OR
- (e) Other credible evidence

**I solemnly affirm and declare that:**

Sections 2, 9 and 19 of The Transplantation of Human Organs Act 1994 have been explained to me and I confirm that

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the Sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my ..... *Kidney* ..... (organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my ..... *Kidney* ..... (organ). That explanation was given by ..... (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

*27/11/2013*  
Signature of the prospective donor (W)

*02/12/2013*  
Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well.

- ✓ wherever applicable.

BEFORE ME:

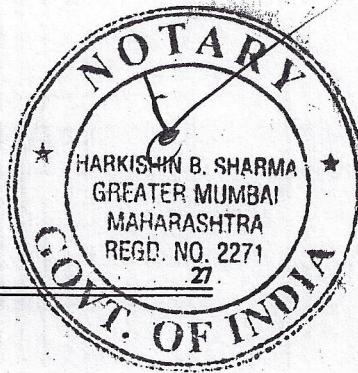
*1-4 DEC 2013*



HARKISHIN B. SHARMA  
ADVOCATE & NOTARY  
1, OJAS BLDG., GROUND FLOOR,  
NEAR RATION OFFICE, S. N. ROAD,  
MULUND (W), MUMBAI-400 080

[भाग II—खण्ड 3(1)]

भारत का राजपत्र : असाधारण



FORM 1(A)

(Page 1 of 2)

(To be completed by the prospective related donor)  
(See Rule 3)

My full name is ... Mrs. Archana Vilas Jagade

and this is my photograph



Photograph of the Donor  
(Attested by Notary Public)



My permanent home address is D-312 A, Shree Shagdha

Ghat, Wadga Phule Rd, Dombivli West Tel: 0251-2406539

My present home address is

D-312 Shree Shagdha Chs, Ghat, Wadga Phule Rd, Dombivli (East) Tel: 9967474834

Date of birth ... 01/10/1963

• Ration/Consumer Card number and Date of issue & place: R/C no: WA-800478  
(Photocopy attached)

and/or

• Voter's I-Card number, date of issue, Assembly constituency.  
(Photocopy attached)

dated - 10/03/04

NO. 1170-1352541 dated

01/01/2006

• Passport number and country of issue.....  
(Photocopy attached)

and/or

• Driving Licence number, Date of issue, licensing authority.....  
(Photocopy attached)

and/or

• PAN. ASGP-3349 M  
and/or

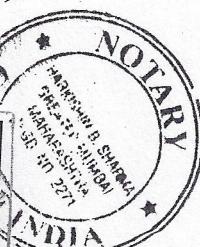
and/or

• Other proof of identity and address DOB: 08/07/1959 and/or 7933 1915 5978

I hereby authorize removal for therapeutic purposes/consent to donate my .....  
(state which organ) to my relative Son (specify son/daughter/father/mother/  
brother/sister), whose name is Shri. Vilas Jagade and  
who was born on 08/07/1959 (day/month/year) and whose particulars are as  
follows:



Photograph of the Recipient  
(Attested by Notary Public)



FORM 1(A) [Page-2]

• Ration/Consumer Card number and Date of issue & place: .....  
 (Photocopy attached)

and/or

• Voter's I-Card number, date of issue, Assembly constituency: .....  
 (Photocopy attached) *WQ - 800478 dated 10/01/2013*  
*H.T.Q = 1352-541 dated 01/01/2006, 57 Kalaghoda Assembly.*

and/or

• Passport number and country of issue.....  
 (Photocopy attached)

and/or

• Driving Licence number, Date of issue, licensing authority.....  
 (photocopy attached)

and/or

• PAN: .....  
*P.S.P - 3314901*  
 and/or

• Other proof of identity and address .....  
*D-312, shree shankar society ghatkopar wad 9*

I solemnly affirm and declare that:

*m phule rd, dombivli (west)*

Sections 2, 9 and 19 of The Transplantation of Human Organs Act 1994 have been explained to me and I confirm that:

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my ..... *kidney* ..... (organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my ..... *Kidney* ..... (organ). That explanation was given by ..... (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

*✓ 24.12.2013*

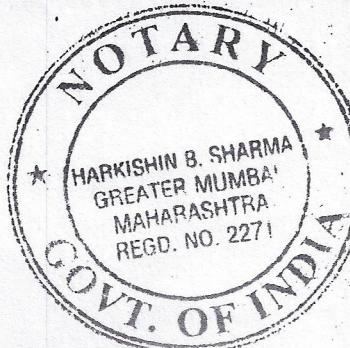
Signature of the prospective donor

*02/12/2013*

Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well.

- ✓ wherever applicable.



BEFORE ME,

*Harkishin B. Sharma*  
 ADVOCATE & NOTARY  
 1, OJAS BLDG., GROUND FLOOR,  
 NEAR RATION OFFICE, S. N. ROAD,  
 MULUND (W), MUMBAI-400 080

*F-4 DEC 2013*

FORM-4

[See Rule 4(1)(d)]

I, Dr....., possessing qualification of ..... registered as medical practitioner at serial No..... by the Medical Council, certify that—

(i) Mr. ...., aged ..... resident of ..... d/o, w/o, ..... aged ..... and Mrs. ...., aged ..... are related to each other as spouse according to the statement given by them and their statement has been confirmed by means of following evidence before effecting the organ removal from the body of the said Shri/Smt/Km. .... (Applicable only in the cases where considered necessary).

OR

(ii) The Clinical condition of Shri/Smt. .... mentioned above is such that recording of his/her statement is not practicable.

Place .....

Date .....

Signature of Regd. medical practitioner

**DR. AMIT NAGARIK**  
M.D., DNB (Med.), DNB (Nephrology)  
*Consultant Nephrologist & Renal Transplant Physician*  
Reg. No. MMC/2000/03/1828

BEFORE ME:

E 4 DEC 2013

HARKISHIN B. SHARMA  
ADVOCATE & NOTARY  
1, OJAS BLDG., GROUND FLOOR,  
NEAR RATION OFFICE, S. N. ROAD,  
MULUND (W), MUMBAI-400 080

