FORM 18

Certificate by the Authorisation Committee of Hospital (If Hospital Authorisation committee is not available then the Authorisation Committee of the district/State)where the transplantation has to take place

(To be issued on the letter head)

[See rules 16 and 23]

Details of Recipient

Details of Donor

Name	Name:
Age	Age
Sex	Sex
Father / Husband Name	Father / Husband name
Address:	Address:
Hospital Reg. No	Hospital Reg. No
Relation of donor with Recipient	

Recipient

Donor

(Photo of recipient and donor must be signed and stamped across the photo after affixing)

Permission is granted, as to the best of knowledge of the members of the committee, donation is out of love and affection and there is no financial transaction between recipient and donor and there is no pressure on / coercion of the donor. Permission is withheld pending submission of the following documents.....

Permission is not granted for the following reasons					
(Member)	(Member)	(Member)	(Member)		
Name and Designation	Name and Designation	Name and Designation	Name and Designation		

(Member)	(Member)	(Sign of Chairman with stamp)
Health Secretary	DHS or Nominee	Name and Designation
Or Nominee	Name and Designation	

Date and place.....

* In case of SWAP transplants, details are to be annexed