

**FORM 2**

**For organ or tissue donation by living spousal donor**

*(To be completed by him/her)*

*(See rules 3, 5(3)(a) and 5(3)(d))*

My full name (proposed donor) is ..... and this is  
my photograph

Photograph of the Donor  
  
(Attested by Notary Public  
  
across the photo after affixing)



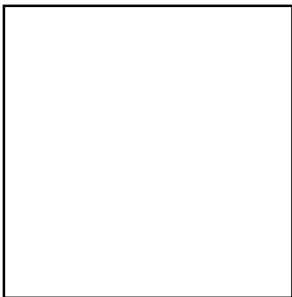
My permanent home address is.....  
..... Tel: .....

My present address for correspondence is  
.....  
..... Tel: .....

Date of birth .....(day/month/year)

I authorize removal for therapeutic purposes and consent to donate my ..... (Name of organ) to my husband/wife..... whose particulars are as follows and full name is ..... and who was born on.....  
..... (Day/month/year):

Photograph of the Recipient  
  
(Attested by Notary Public  
  
across the photo after affixing)



I enclose copies of the following documents (attach attested photocopy of at least two of following relevant documents to indicate the spousal relationship):

- Ration/Consumer Card number and Date of issue and place.....and/or
- Voter's Identity-Card number, date of issue, Assembly constituency.....and/or
- Passport number and country of issue.....and/or

- Driving License number, Date of issue, licensing authority.....and/or
- Permanent Account Number (PAN) .....and/or
- AADHAAR No. (Issued by Unique Identification Authority of India)..... and/or
- Any other proof of identity and address establishing spousal relationship .....

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 Head of Gram Panchayath / Tehsildar / Block Development Officer/Member of Legislative Assembly/Member of Legislative Council (MLC)/Member of Parliament with seal 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 (42 of 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 authorisation to remove my ..... (organ) and consent to donate the same, 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 ..... (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 the best of my knowledge and nothing material has been concealed by me.

.....

.....

Signature of the prospective donor

Date

(Full Name)

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