

FORM 3

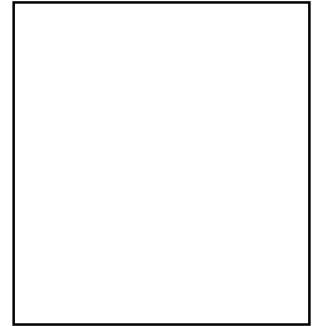
For organ or tissue donation by other than near relative living donor

(To be completed by him/her)

(See rules 3, 5(3)(a) and 5(3)(e))

My full name 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)

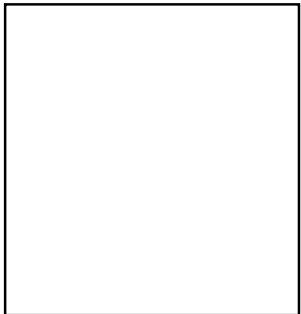
I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to prove your identity):

- Ration/Consumer Card number and Date of issue and place: (Photocopy attached) and/or
- Voter's I-Card number, date of issue, Assembly constituency..... (Photocopy attached) 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..... and/or
- AADHAAR No..... and/or
- Other proof of identity and address

Details of last three years income and vocation of donor (enclose documentary evidence)
.....
.....

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

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



(Attach attested photocopy of at least two relevant documents to prove identity of recipient)

- Ration/Consumer Card number and Date of issue and place :.....(Photocopy attached) and/or
- Voter's I-Card number, date of issue, Assembly constituency..... (Photocopy attached) 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..... and/or
- AADHAAR No.and/or
- Other proof of identity and address

I solemnly affirm and declare that section 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 consent and authorisation to remove my (name of organ/tissue) 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 (name of organ/tissue). 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 the 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)