FORM 7

For organ or tissue pledging

(To be filled by individual of age 18 year or above)

[See rule 5(4)(a)]

ORGAN(S) AND TISSUE(S) DONOR FORM

(To be filled in triplicate)

I				S/o,D	/o,W/o		aged
							resident of persons mentioned below
hereby und	equivocally ared brain	authorise	the rem	oval of foll	lowing organ(s) ar	nd/or t	cissue(s), from my body after asent to donate the same for
Please tick	as applicabl	e					
(Following	tissues can	also be do	nated a	fter brain s	tem death as well	as card	liac death)
Heart					Corneas/Eye Ball	s	
Lungs					Skin		
Kidneys					Bones		
Liver					Heart Valves		
Pancreas					Blood Vessels		
Any Other	Organ (Pl. s	pecify) _			Any other Tis	sue (Pl	. specify)
All Organs					All Tissues		
My blood g	group is (if k	nown)					
					Signature	e of Ple	edger
					Address for	corres	pondence
					Telephone	No	

Email:....

1	Dat	ted	
1	111	CU	

Place

(Note: In case of online registration of pledge, one copy of the pledge will be retained by Pledger, one by the institution where pledge is made and a hard copy signed by Pledger and two witnesses shall be sent to the nodal networking organisation.)

(Signature of Witness 1)									
1.Shri/Smt./Km.			o,D/0						
aged	resident of							Teleph	one
No	.Email								
(Signature of Witness 2)									
2.Shri/Smt./Km		S/c	o,D/0	o,W/o					
agedresidentof		TelephoneNo					Email		
		is	a	near	relative	to	the	donor	as
Dated									

Note: (i) Organ donation is a family decision. Therefore, it is important that you discuss your decision with family members and loved ones so that it will be easier for them to follow through with your wishes.

- (ii) One copy of the pledge form/pledge card to be with respective networking organisation, one copy to be retained by institution where the pledge is made and one copy to be handed over to the Pledger.
- (iii) The person making the pledge has the option to withdraw the pledge.