# FORM 1 FOR ORGAN OR TISSUE DONATION FROM IDENTIFIED LIVING NEAR RELATED DONOR (To be completed by him or her) (Refer rules 3 and 5(3)(a))

My full name (proposed donor) is		
and this is my photograph.		
	Photograph of the Donor	
	(Attested by Notary Public	•
	across the photo after affixing)	To be affixed here.
.4	serves are prote after armanig)	To be arrived field.
My nermanent hame address is		
my permanent nome address is		
	Tel:	
my present address for correspondence is		***************************************
	Tel-	
Date of birth	(Day/month/year)	
a enclose copies of the following documents: (atta	ch attested photocopy of at least two of following relevant do	ocuments to indicate your nea
i iciationship).		
Ration/Consumer Card number and Date of	f issue and place:	and/or
<ul> <li>Voter's I-Card number, date of issue, Asset</li> </ul>	mbly constituency	and/or
<ul> <li>Passport number and country of issue.</li> </ul>		and/or
Driving License number Date of issue lice	ensing authority	and/or
Permanent Account Number (PAN)	asing authorny	and/or
A A DUA A D. Ma		and/o
• AADRAAK No.		and/o
<ul> <li>Any other valid proof of identity and address</li> </ul>	ss reflecting near relationship	
(Specify son/daughter/fathe	nd consent to donate my	nd-daughter) whose particular
Fig. 1	Photograph of the Recipient	To be affixed here.
	(Attested by Notary Public	To be affixed here.
	across the photo after affixing)	
F		
• Ration/Consumer Card number and Date	re enclosed (attach attested photocopy of at least two relevant	and/or
<ul> <li>Voter's I-Card number, date of issue. Asset</li> </ul>	embly constituency	and/or
Passport number and country of issue		
Driving License number Date of issue license.	censing authority.	and/or
Permanent Account Number (PAN)	wasing admoraty	and/or
A A DHA A P No (found by (friend files)		and/or
AMPIAAR NO (Issued by Unique Identi)	fication Authority of India)	and/or
Any other valid proof of identity and addr	ess reflecting near relationship	********
I solemnly affirm and declare that:	o 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 as referred to in the sections of	the Act has been made to me or will be made to me or any other p	
3. I am giving the consent and authorization t	or remove my	) of
any undue pressure, inducement, influence of	a allurement.	e) or my own tree will without
4. I have been given a full explanation of the	nature of the medical procedure involved and the risks involved	d for manifest
	issue). That explanation was given by (name of registered medical	u for me in the removal of my
5. I understand the nature of that medical proce	dure and of the risks to me as explained by that practitioner.	practitioner).
6. I understand that I may withdraw my consen	t to the removal of that organ at any time before the operation tak	· · · · · · ·
7. I state that particulars filled by me in the fo	are true and correct to the hour of the operation tak	es place.
7. I state that particulars filled by me in the forconcealed by me.	orm are true and correct to the best of my knowledge and belief	and nothing material has been
Date		
Ar work	Signature	of the prospective donor
		(Full Name)
1		- *

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.

### FORM 2 FOR ORGAN OR TISSUE DONATION BY LIVING SPOUSAL DONOR (To be completed by him/her) (Refer rules 3, 5(3)(a) and 5(3)(d))

My full name (proposed and this is my photograp	donor) is		~~~~
and ans is my photograp	yn ·		
		Photograph of the Donor (Attested by Notary Public across the photo after affixing)	To be affixed here.
		across the photo after affixing)	
My permanent home add	Iress is	T-A.	
My present address for c	correspondence is	161	•••••
	*	161.	
I authorize remo	val for therapeutic purposes and cor	sent to donate my	(day/month/year)
follows and full name is	iusband/wite		- 1
(Day/month/year):			Ú
d .	* .	Photograph of the Recipient	
		(Attested by Notary Public	To be affixed here.
		across the photo after affixing)	
7. . •			
enclose copies of the fe	ollowing documents (attach atteste	ed photocopy of at least two of following relevant docu	monto to indicate the
cationsurp).		· ·	
• Ration/Consumer (	Card number and Date of issue and J	place:	and/or
<ul> <li>voter s identity-Ca</li> </ul>	ard number, date of issue, Assembly	constituency	andlas
<ul> <li>Passport number ar</li> </ul>	nd country of issue		andlar
• Driving License nu	imper, Date of issue, licensing author	ority	andlar
<ul> <li>Permanent Account</li> </ul>	it Number (PAN)		and/an
AAUHAAK No.(18     Anu other and 6-6	ssued by Unique Identification Auth	ority of India)	and/or
Any omer proof of	llowing as evidence of being married	ousal relationship	
(a) A certified	l copy of a marriage certificate.  OR	to the recipient:-	
(b) An affidav (c) Family pho	it of a 'near relative' confirming the	e status of marriage to be swom before Class-I Magistrate	/Notary Public.
(d) Letter from	m Head of Gram Panchayat / Te	chsildar / Block Development Officer/Member of Leg	islative Assembly/Member of
Legislanve	e Council (MLC)/Member of Parliar OR	ment with seal certifying factum and status of marriage.	
(e) Other cred	ible evidence		
explanied to the and	i confirm that	d 19 of the Transplantation of Human Organs Act, 1	994 (42 of 1994), have been
<ol> <li>I understand the</li> </ol>	e nature of criminal offences referre	d to in the sections.  d to in the Sections of the Act has been made to me or w	III ha mada ta
person,			
o. I am giving the	te the success of my area for the success of my area for the success of my area for the success of the success		(organ) an
4. Thave been give	en a full explanation of the nature of	hout any undue pressure, inducement, influence or allurer of the medical procedure involved and the risks involved	for ma in the removal of m
practitioner).	(organ). That explanalle	on was given by	name of registered medical
5. I understand the	nature of that medical procedure an	nd of the risks to me as explained by that practitioner.	
o. Tunderstand tha	it i may withdraw my consent to the	removal of that organ at any time before the operation tol	tes place.
7. I state that partic	culars filled by me in the form are tr	ue and correct to the best of my knowledge and nothing r	naterial has been concealed by
ate			
2		Sign	ature of the prospective donor
	2 2		(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.

## FORM 3 FOR ORGAN OR TISSUE DONATION BY OTHER THAN NEAR RELATIVE LIVING DONOR (To be completed by him/her) (Refer rules 3, 5(3)(a) and 5(3)(e))

My fi	is is my photograph		
and th	is is my photograph		
		Photograph of the Donor	
	e e	(Attested by Notary Public	To be affixed here.
		across the photo after affixing)	
1.0		,	
264° (* 924°) 20			
My pe	rmanent home address is		L
	Tel:		
My pr	esent address for correspondence is	,	
	······································		
Date o	f birth		(day/manth/waar)
l enclo to pro	ose copies of the following documents: (attach attested photocopy of at ve your identity):  Ration/Consumer Card number and Date of issue and place:(Photocopy attached)	least two of following relevant documents	
,	Voter's I-Card number, date of issue, Assembly constituency		and/or
	(Photocopy attached)		
,	Passport number and country of issue		and/or
	Driving Licence number, Date of issue, licensing authority		and/or
	(Photocopy attached) PAN		•
, se Se	AADHAAR No	••••••	and/or
	Other proof of identity and address	•••••••••••••••••••••••••••••	and/or
	sures proof of identity and address	***************************************	······
Details	of last three years income and vocation of donor (enclose documentary ex	vidence)	
	chicket and vocation of divisor (choice documentary ex	idence)	**********************
I a	uthorize removal for therapeutic purposes and consent to donate my	Name of organiticous	) to a parson whose fall
name i	s and who was born on	(day/month/year) and u	hase particulars or as
follows	3:	(day/month/year) and w	mose particulars are as
		Photograph of the Recipient	
		(Attested by Notary Public	7F- 1- 0F 11
		across the Photo after affixing)	To be affixed here.
		and the anti-	
	4		
(attack	attested photogony of at local females and I		
***************************************	attested photocopy of at least two relevant documents to prove identic Ration/Consumer Card number and Date of issue and place:(Photocopy attached)	y of recipient)	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
	Priving License number Data of issue times	*	
	Driving Licence number, Date of issue, licensing authority(Photocopy attached)		and/or
			and/or
	AADHAAR NO		17
	Other proof of identity and address	***************************************	******
l solemi and I co	nly affirm and declare that sections 2, 9 and 19 of the Transplantation of nfirm 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.	Ca A . A . A	
	No payment of money or money's worth as referred to in the Sections operson.	of the Act has been made to me or will be m	ade to me or any other
3.			
	I am giving the consent and authorization to remove my	(name of organ/tissue) of my	own free will without
4.			
•	I have been given a full explanation of the nature of the medical proce	dure involved and the risks involved for me	in the removal of my
	medical practitioner). (name of organ/tissue). That explanation wa	s given by	(name of registered

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.
Date
Signature of the prospective donor (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.

# FORM 4 FOR CERTIFICATION OF MEDICAL FITNESS OF LIVING DONOR (To be given by the Registered Medical Practitioner) [Refer proviso to rule 5(3)(b)]

I, Dr	possessing	qualification of registered as	medical
practitioner at serial 1	No by the	Madiant C	micurcai
have examined Shri/S	mt./ Km	S/o, D/o, W/o Shri	y that i
	aged	who has given informed consent for donation o	
his/her	(Name of the organ) to	Shri/Smt./Km.	)t 
near relative' of the	lonor/other than near relative of the de	onor and has been approved by the competent authority or Autho	vho is a
Committee (as the cas	e may be) and it is certified that the	said donor is in proper state of health, not mentally challenged	risation
medically fit to be sub	jected to the procedure of organ or tissu	satu donor is in proper state of health, not mentally challenged suc removal.	and is
Place:	•••••		
Date:		Signature of Doctor Seal	•••••
To be affixed (pasted) here.		To be affixed (pasted) here.	
Photograph of the Dono (Attested by doctor)	or	Photograph of the rec	ipient

The signatures and seal should partially appear on photograph and document without disfiguring the face in photograph.

(Attested by the doctor)

<sup>\*</sup>In case of doubt for mentally challenged status of the donor, the Registered Medical Practitioner may get the donor examined by psychiatrist.

### FORM 5 FOR CERTIFICATION OF GENETIC RELATIONSHIP OF LIVING DONOR WITH RECIPIENT (To be filled by the head of Pathology Laboratory certifying relationship) [Refer rules 5(3)(c) and 18(3)]

I, Dr./Mrs./Miss	rking as.
and possessing mig	UHICATION OF
as a minimum the dollor and Shri Smi	o, D/o, W/o Shri/Smtcertify that Shri/
of the organ to be donated by the said donor are related to each other as	the prospective recipient s brother/sister/mother/father/son/daughter,grandmother,grandfather,grandson been established / not established by the results of the tests for DNA profiling.
	Signature (To be signed by the Head of the Laboratory)
Place	Seal
Date	

FORM 11
APPLICATION FOR APPROVAL OF TRANSPLANTATION FROM LIVING DONOR
(To be completed by the proposed recipient and the proposed living donor)
[Refer rules 5(3)(d), 5(3)(e) and 10]

To be self attested across the affixed photograph without disfiguring face.

To be self attested across the affixed photograph without disfiguring face

Photograph of the Do

1 hotograph of the Donor	Photograph of the recipient
Whereas I S/o,D/o, W/o,Shri/Smt.	aged
residing at	have been additional to
that I am cuffering from	and ma
be benefited by transplantation of into my body.	and ma
And whereas I	i/Smt
agedresiding 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)	to
SHV3HR.	
a Ne	
Weand	
(Donor)	(Recipient)
hereby apply to competent authority / Authorisation Committee for permission for such	tranchlantation to be corried out
The same of the sa	t transplantation to be carried out.
We solemnly affirm that the above decision has been taken without any uncoposible consequences and options of organ transplantation have been explained to us.	due pressure, inducement, influence or allurement and that al
Instructions for the applicants:-	
<ol> <li>Form 11 must be submitted along with the completed Form 1 or Form 2 or Form 2.</li> <li>The applicable Form i.e. Form 1 or Form 2 or Form 3 as the case may be, s applicable form and all relevant queries set out in the applicable form must be ad Completed Form 5 must be submitted along with the laboratory report.</li> <li>The doctor's advice recommending transplantation must be enclosed with the applicable form and above, in case the proposed transplant is between unrelated personal as well as the recipient for the last three years must be enclosed with this application shall be accepted for consideration by the competent authority and any omission of the documents or the information required in the forms ment when the donor is unrelated and the donor and/or recipient belong to a State/Untransplant is intended to take place, then the Tehsildar or the officer authorised for the case may be, would provide the verification certificate of domicile of donor/or transplantation would be considered by the authorisation committee of the transplantation is intended to be done. Such verification Certificate will not be a of organs (permissible between near relatives only).</li> </ol>	chould be accompanied with all documents mentioned in the lequately answered.  plication, ans, appropriate evidence of vocation and income of the donor edication. It is clarified that the evidence of income does not cant(s) in a given case may not be filing income tax returns. Authorisation Committee only if it is complete in all respects tioned above, shall render the application incomplete. The purpose of the domicile state/Union Territory, where the correction of the domicile state of the donor or recipient as section, as the case may be as per Form 20. The approval for the State/District/hospital (so, the case may be as
We have read and understood the above instructions.	
Signature of the Prospective Donor	Signature of Prospective Recipient
Address for correspondence:	Address for correspondence:
	radioss for correspondence:
Date:	Date:
Place:	Place:

### FORM 20 VERIFICATION CERTIFICATE IN RESPECT OF DOMICILE STATUS OF RECIPIENT OR DONOR

[To be issued by tehsildar or any other authorised officer for the purpose (required only for the donor - other than near relative or recipient if they do not belong to the state where transplant hospital identified for operation is located)]

[Refer rule 14]

In reference to application for varification of desired by applicant donor or recipie	ent separately in triplicate)
In reference to application for verification of domicile status for donation of	
(Name of organ/Tissue) from living donor (other than near relative) or recipient under submitted on (date)	er Transplantation of Human Organ Act, 1994 (42 of 1994)
submitted on (date)	ng details and photograph, along with his or her identification
and admiche status for verification.	
Details of A II A D	
Details of Applicant Recipient or Donor	
N	
Name	
Age	
Sex	
Father or Husband Name	
Address:	
Hospital Reg. No	2
	1
•	
(Recent Photo of Applicant must be signed by him or her across the photo after affixing i	(t)
The detail of my donor or reginish on as under add to	
The detail of my donor or recipient are as under and I have enclosed his or her self-signed Name.	d recent photograph;
Aga	
Age	
Sex	
Father or Husband Name	
Address:	
Hospital Reg. No	
Signature of Applicant	
Enclosure: Self signed copy of the donor or recipient for the applicant (to be enclose	
and a second copy of the donor of recipient for the applicant (to be enciose	a)
PART II (To be filled by the certificate issuing authority):	
The above request has been examined and it is considered that the state of the stat	
The above request has been examined and it is certified that the domicile status of the appropriate as under:	olicant donor or recipient mentioned as above has been
Nome	
Name Son or Daughter or Wife	of
resident of village or ward	
DistrictState or UT	
and found correct or incorrect	
Date	
Place	A
Reference No	Authorised Signatory
	Name and Designation
76 BL	Office Stamp

- The authorised signatory will hand over this verification certificate to the applicant or his or her representative for submission to the Chairperson of the Authorisation Committee of the hospital or district or state (as the case may be), where transplantation has to take place.
- The authorised signatory shall keep one copy of the above verification certificate for his records and send a copy to the Secretary, Health and Family Welfare of the State Government (Attention Appropriate authority for organ transplant) for information.
   In case of any suspicion of organ trading the authorized signature authority for organ transplant) for information.
- 3. In case of any suspicion of organ trading, the authorised signatory mentioned above or Appropriate Authority of the state may inform police for making enquiry and taking necessary action as per the Transplantation of Human Organs Act, 1994 (42 of 1994).