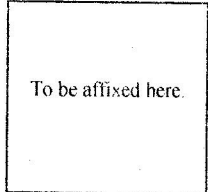


FORM 1
FOR ORGAN OR TISSUE DONATION FROM IDENTIFIED LIVING NEAR RELATED DONOR
(To be completed by him or her)
(Refer rules 3 and 5(3)(a))

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

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



My permanent home address is Tel:

My present address for correspondence is Tel:

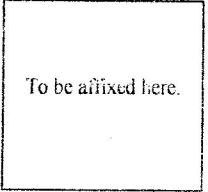
Date of birth (Day/month/year) Tel:

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

- Ration/Consumer Card number and Date of issue and place:and/or
- Voter's I-Card number, date of issue, Assembly constituencyand/or
- Passport number and country of issueand/or
- Driving License number, Date of issue, licensing authorityand/or
- Permanent Account Number (PAN)and/or
- AADHAAR No.and/or
- Any other valid proof of identity and address reflecting near relationship

I authorize removal for therapeutic purposes and consent to donate my (Name of organ/tissue) to my relative
 (Specify son/daughter/father/mother/brother/sister/grand-father/grand-mother/grand-son/grand-daughter), whose particulars
 are as follows and name isand who was born on(day/month/year):

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



The copies of following documents of recipient are enclosed (attach attested photocopy of at least two relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place:and/or
- Voter's I-Card number, date of issue, Assembly constituencyand/or
- Passport number and country of issueand/or
- Driving License number, Date of issue, licensing authorityand/or
- Permanent Account Number (PAN)and/or
- AADHAAR No (Issued by Unique Identification Authority of India)and/or
- Any other valid proof of identity and address reflecting near relationship

I solemnly affirm and declare that:

Sections 2, 9 and 19 of The Transplantation of Human 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 person.
3. I am giving the consent and authorization 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 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 belief 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 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 full name is
and this is my photograph

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

To be affixed here.

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:and/or
(Photocopy attached)
- Voter's I-Card number, date of issue, Assembly constituencyand/or
(Photocopy attached)
- Passport number and country of issueand/or
(Photocopy attached)
- Driving Licence number, Date of issue, licensing authorityand/or
(Photocopy attached)
- PANand/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)

To be affixed here.

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

- Ration/Consumer Card number and Date of issue and place:and/or
(Photocopy attached)
- Voter's I-Card number, date of issue, Assembly constituencyand/or
(Photocopy attached)
- Passport number and country of issueand/or
(Photocopy attached)
- Driving Licence number, Date of issue, licensing authorityand/or
(Photocopy attached)
- PANand/or
- AADHAAR No. and/or
- Other proof of identity and address

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 consent and authorization 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.

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.

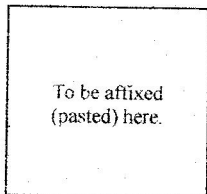
FORM 4
FOR CERTIFICATION OF MEDICAL FITNESS OF LIVING DONOR
(To be given by the Registered Medical Practitioner)
[Refer proviso to rule 5(3)(b)]

I, Dr..... possessing qualification of..... registered as medical practitioner at serial No..... by the..... Medical Council, certify that I have examined Shri/ Smt./ Km.....S/o, D/o, W/o Shri..... aged..... who has given informed consent for donation of his/her (Name of the organ) to Shri/Smt./Km.who is a 'near relative' of the donor/other than near relative of the donor and has been approved by the competent authority or Authorisation Committee (as the case may be) and it is certified that the said donor is in proper state of health, not mentally challenged * and is medically fit to be subjected to the procedure of organ or tissue removal.

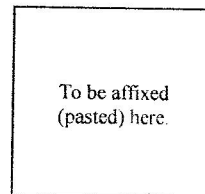
Place:

Date:

.....
Signature of Doctor
Seal



Photograph of the Donor
(Attested by doctor)



Photograph of the recipient
(Attested by the doctor)

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

*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./Mr./Mrs./Miss. working as
at and possessing qualification of certify that Shri/
Smt./ Km. S/o, D/o, W/o Shri/Smt.
aged the donor and Shri/ Smt.
S/o, D/o, W/o Shri/Smt aged the prospective recipient
of the organ to be donated by the said donor are related to each other as brother/sister/mother/father/son/daughter, grandmother, grandfather, grandson
and granddaughter as per their statement. The fact of this relationship has been established / not established by the results of the tests for DNA profiling.
The results of the tests are attached.

Signature
(To be signed by the Head of the Laboratory)
Seal

Place

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.

Photograph of the Donor

To be self attested
 across the affixed
 photograph
 without disfiguring
 face

Photograph of the recipient

Whereas I S/o, D/o, W/o, Shri/Smt. aged
 residing at have been advised by my
 doctor that I am suffering from and may
 be benefited by transplantation of into my body.

And whereas I S/o, D/o, W/o, Shri/Smt.
 aged residing 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
 Shri/Smt.

We and
 (Donor) (Recipient)

hereby apply to competent authority / Authorisation Committee for permission for such transplantation to be carried out.

We solemnly affirm that the above decision has been taken without any undue pressure, inducement, influence or allurement and that all possible consequences and options of organ transplantation have been explained to us.

Instructions for the applicants:-

1. Form 11 must be submitted along with the completed Form 1 or Form 2 or Form 3 as may be applicable.
2. The applicable Form i.e. Form 1 or Form 2 or Form 3 as the case may be, should be accompanied with all documents mentioned in the applicable form and all relevant queries set out in the applicable form must be adequately answered.
3. Completed Form 5 must be submitted along with the laboratory report.
4. The doctor's advice recommending transplantation must be enclosed with the application.
5. In addition to above, in case the proposed transplant is between unrelated persons, appropriate evidence of vocation and income of the donor as well as the recipient for the last three years must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income-tax returns, keeping in view that the applicant(s) in a given case may not be filing income tax returns.
6. The application shall be accepted for consideration by the competent authority / Authorisation Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.
7. When the donor is unrelated and the donor and/or recipient belong to a State/Union Territory other than the State/Union Territory, where the transplant is intended to take place, then the Tehsildar or the officer authorised for the purpose of the domicile state of the donor or recipient as the case may be, would provide the verification certificate of domicile of donor/recipient, as the case may be as per Form 20. The approval for transplantation would be considered by the authorisation committee of the State/District/hospital (as the case may be) where the transplantation is intended to be done. Such verification Certificate will not be required for near relatives including cases involving swapping of organs (permissible between near relatives only).

We have read and understood the above instructions.

Signature of the Prospective Donor

Signature of Prospective Recipient

.....
 Address for correspondence:

.....
 Address for correspondence:

Date:
 Place:

Date:
 Place:

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

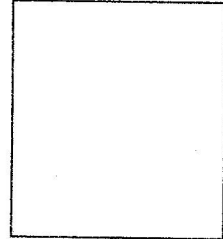
[To be issued by tehsildar or any other authorised officer for the purpose (required only for the donor - other than near relative or recipient if they do not belong to the state where transplant hospital identified for operation is located)]
[Refer rule 14]

PART I (To be filled by applicant donor or recipient 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 Transplantation of Human Organ Act, 1994 (42 of 1994),
submitted on (date) by the applicant donor or recipient, with following details and photograph, along with his or her identification
and domicile status for verification.

Details of Applicant Recipient or Donor

Name.....
Age.....
Sex.....
Father or Husband Name.....
.....
Address:.....
.....
Hospital Reg. No.....
.....



(Recent Photo of Applicant must be signed by him or her across the photo after affixing it)

The detail of my donor or recipient are as under and I have enclosed his or her self-signed recent photograph :

Name.....
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 enclosed)

PART II (To be filled by the certificate issuing authority):

The above request has been examined and it is certified that the domicile status of the applicant donor or recipient mentioned as above has been verified as under:

Name.....Son or Daughter or Wife of.....
resident of village or ward.....Tehsil or Taluka.....
District.....State or UT.....
and found correct or incorrect.....
.....

Date.....
Place.....
Reference No.....

Authorised Signatory
Name and Designation
Office Stamp

1. 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.
2. 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.
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).