

THE TRANSPLANTATION OF HUMAN ORGANS ACT, 1994
(Central Act 42 Of 1994)

No. S. 12011/2/94-MS

O.P. Nigam Chief Controller of Account

FORM - 1
(See rule 3)

I,, aged S/o, D/o, W/o, Mr.
..... resident of
hereby authorise to remove for therapeutic purposes / consent to donate my organ, namely
.....

(1) Mr. / Mrs.
S/o, D/o, W/o, Mr.
aged resident of
happens to be my near relative as defined in clause (2) of section 2 of the Act.

(Or)

(1) Mr. / Mrs.
S/o, D/o, W/o, Mr.
aged resident of
.....towards when I possess special affection, attachments, or for any special reason
(to be specified). I certify that the above authority/consent has been given by me out my own free
will without pressure, inducement, influence or allurements and that the purposes of the above
authority/donation and of all possible complications, side-effects, consequences and options have
been explained to me giving this authority or consent or both.

Signature of the Donor