

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

**FORM - 2
[(See rule 4(1) (b))]**

I, Dr....., possessing the qualification of registered as medical practitioner at serial No.

..... by the Medical as Medical Council, certify that I have examined Shri

/ Smt / Kum. S/o, D/o, W/o aged

..... who is free and is near relative of the donor and that the said donor is in proper state

of health and is medically fit to be subjected to the procedure of organ removal.

Place: Signature of the Donor

Date :

**FORM - 3
[(See rule 4(1) (c))]**

I, Dr. possessing the qualification of .. registered as med.

practitioner at Serial No. by the Medical council,

certify that Mr. /Mrs. S/o, D/o, W/o aged

.....the donor, an Mr./Mrs..... S/o, D/o, W/o aged

.....,

the recipient of the organ donated by the said donor are related to each other as brother/sister/mother

/father/son/daughter as per their statement and the fact of this relationship has been established by the

results of the tests for Antigenic Products of the Human Major Hysto-compability System, namely

..... by the Authorisation Committee as per the information

contained in

their letter of approval No. dated

Place: Signature of the Donor

Date :