

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

FORM -4
[(See rule 4(1) (d)]

I, Dr. possessing qualification of
registered as medical practitioner at Serial No. by the
....., Medical council, certify that :-

(i) Mr. S/o aged resident of and
Mrs. D/o, W/o aged
..... resident are related to each
other as spouse a according to the statement given by them and their statement has been
confirmed by means of following evidence before effecting the organ removal from body of the
said Shri / Smt / Km

(Applicable only in the cases where considered necessary).

(OR)

(ii) The Clinical condition of Shri/Smt..... mentioned above is
such that recording of his/her statement is not practicable

Place: Signature of Regd. medical practitioner

Date :

FORM - 5
[(See rule 4(2) (a))]

I S/o, D/o, W/o aged
..... resident of in the presence of persons mentioned below
hereby unequivocally authorise the removal of my organ/organs, namely,
from my body after my death for therapeutic purposes.

Dated: Signature of the Donor

1. Shri/Smt./Km.....
S/o, D/o, W/o aged
..... resident of

Signature

2. Shri/Smt./Km..... aged
..... resident of is a near relative to
the donor

Dated.....