

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

**FORM - 9  
[(See rule 4(3) (b))]**

I, Mr/Mrs.....son of / wife of.....resident of.....  
hereby authorise removal of the organ/organs namely.....for therapeutic  
purposes from the dead body of my son/daughter .

Mr/Ms.....aged.....whose brain stem  
death has been duly certified in accordance with the law

**Signature**.....

**Name** .....

**Place** .....

**Date** .....

FORM - 10

APPLICATION FOR APPROVAL FOR TRANSPLANTATION LIVE DONOR OTHER THAN NEAR RELATIVE

Whereas I .....S/O, D/O, W/O, L/O.....aged  
residing.....have been informed by my doctor that I am  
suffering  
from.....and may be benefitted by transplantation ..... into my body. and  
whereas

I ..... S.O. D.O. W.O..... aged .....  
residing  
at.....by reason of affection and attachment because :

.....  
.....

(reason to be filled in) would like to donate

my.....to.....we.....

(donor)

and.....hereby apply to authorisation committee for permission  
(Recipient) for such transplantation to be carried out. We solemnly affirm that the above decision  
has been taken without any undue pressure, inducement, influence or allurements and that all-  
possible consequences and options of organ transplantation have been explained to us.

.....  
.....

**Signature and address of prospective donor**      **Signature and address of prospective recipient.**