## FORM 7

## For organ or tissue pledging

(To be filled by individual of age 18 year or above)

[See rule 5(4)(a)]

## ORGAN(S) AND TISSUE(S) DONOR FORM

(To be filled in triplicate)

Re	egistration Number (To	be allotted by Organ Donor Registr	y)
hereby un being decl therapeution	equivocally authorise the ared brain stem dead by purposes.	S/o,D/o,W/oof birthin the presence of removal of following organ(s) and/o y the board of medical experts and o	resident of persons mentioned below r tissue(s), from my body after
	as applicable	ted after brain stem death as well as c	ardiac death)
Heart Lungs Kidneys Liver Pancreas	Organ (Pl. specify)	Corneas/Eye Balls Skin Bones Heart Valves Blood Vessels	
My blood	group is (if known)	Address for corr	Pledgerrespondence

Email:....

Notac	١.
Date	10

(Note: In case of online registration of pledge, one copy of the pledge will be retained by Pledger, one by the institution where pledge is made and a hard copy signed by Pledger and two witnesses shall be sent to the nodal networking organisation.)

(Signature of Witness 1)								
1.Shri/Smt./Km								
agedresident of						Telephone		
NoEmail	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••			
(Signature of Witness 2)								
2.Shri/Smt./Km	S/	o,D/	o,W/o.					
agedresidentof	TelephoneNo					En	Email	
	is	a	near	relative	to	the	donor	as
Dated								
Place								

- Note: (i) Organ donation is a family decision. Therefore, it is important that you discuss your decision with family members and loved ones so that it will be easier for them to follow through with your wishes.
- (ii) One copy of the pledge form/pledge card to be with respective networking organisation, one copy to be retained by institution where the pledge is made and one copy to be handed over to the Pledger.
- (iii) The person making the pledge has the option to withdraw the pledge.