

FORM 16
CERTIFICATE OF REGISTRATION FOR PERFORMING ORGAN/TISSUE
TRANSPLANTATION/RETRIEVAL AND/OR TISSUE BANKING
[Refer rule 24(2)]

This is to certify that Hospital/Tissue Bank located at..... has been inspected and certificate of registration is granted for performing the organ/tissue retrieval/transplantation/banking of the following organ(s) /tissue(s) (mention the names) under the Transplantation of Human Organs Act, 1994 (42 of 1994):-

1.
2.
3.
4.

This certificate of registration is valid for a period of five years from the date of issue.

This permission is being given with the current facilities and staff shown in the present application form. Any reduction in the staff and/or facility must be brought to the notice of the undersigned.

Place.....

Signature of Appropriate Authority

Date.....

Seal: