FORM 7

FOR ORGAN OR TISSUE PLEDGING

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

[Refer rule 5(4)(a)]

ORGAN(S) AND TISSUE(S) DONOR FORM

(To be filled in triplicate)

Registra	ation Number (To be allotted by Organ I	Oonor Registry)
		y unequivocally authorise the removal of following organ(s) and/or tissue(s), from my body after
		lical experts and consent to donate the same for therapeutic purposes.
Please ti	ck as applicable	
		(Following tissues can also be donated after
		brain stem death as well as cardiac death)
	Heart	Corneas/Eye Balls
	Lungs	Skin
	Kidneys	Bones
	Liver	Heart Valves
	Pancreas	Blood Vessels
	Falicieas] Blood vessels
	Any Other Organ (Pl. specify)	Any other Tissue (Pl. specify)
	All Organs	All Tissues
	My blood group is (if known)	
		Signature of Pledger
		Address for correspondence
		Telephone No
		Email :
		Dated:
		e, one copy of the pledge will be retained by pledger, one by the institution where pledge is made
and a ha	rd copy signed by pledger and two witnesse	es shall be sent to the nodal networking organisation.)
(Sionatu	re of Witness 1)	
1.		S/o,D/o,W/oagedresident
		Telephone No
(Signatu 2.	re of Witness 2)	
		S/o,D/o,W/oagedresident
		Telephone No
	Email:	is a near relative to the donor as
Dated		
1 1400		
Note:		
	(i) Organ donation is a family decision. The	erefore, it is important that you discuss your decision with family members and loved ones so that
	it will be easier for them to follow thro	

(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.