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)

Registration Number (To be allotted by Organ Donor Registry)				
IS/o,D/o	.W/o	aged	and date of	birth
resident of	•	_		
below hereby unequivocally authorise being declared brain stem dead by the purposes. Please tick as applicable	the removal of fo board of medical e	llowing organ(s) and/ experts and consent to	or tissue(s), from my donate the same for t	body after
(Following tissues can also be donated a		ith as well as cardiac de s/EYE Balls	eatn)	
Heart	Conrea	S/EIE Balls		
Lungs	Skin			
Kidney	Bones			
Liver	Heart V	alves		
Pancreas	Blood V	essels essels		
Any Other Organ (PI. Specify) All Organ My blood group is (if known)	Specify	ner Tissue (PI. Specify)) All Tissues	Any Other Organ (PI.	
2		Signature of Pledger		
		Address for correspon	dence	
		Telephone No		
		Email		
		Dated:		
(Note: In case of online registration of institution where pledge is made and a networking organisation.)				
(Signature of Witness 1)				
1. Shri/Smt./Km		S/o,D/o,W/o		
agedresident of		Telephone	e No	
(Signature of Witness 2)				
2. Shri/Smt./Km	S/o,D/o,W	//o	aged	
resident of Telephone	: No	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.