

**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).....

I.....S/o,D/o,W/o.....aged.....and date of birth ...  
.....resident of .....in the presence of persons mentioned  
below hereby unequivocally authorise the removal of following organ(s) and/or tissue(s), from my body after  
being declared brain stem dead by the board of medical experts and consent to donate the same for therapeutic  
purposes. Please tick as applicable

(Following tissues can also be donated after brain stem death as well as cardiac death)

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| Heart                                      | <input type="checkbox"/> | Conreas/EYE Balls   | <input type="checkbox"/> |
| Lungs                                      | <input type="checkbox"/> | Skin  | <input type="checkbox"/> |
| Kidney                                     | <input type="checkbox"/> | Bones   | <input type="checkbox"/> |
| Liver                                      | <input type="checkbox"/> | Heart Valves  | <input type="checkbox"/> |
| Pancreas                                   | <input type="checkbox"/> | Blood Vessels   | <input type="checkbox"/> |
| Any Other Organ (Pl. Specify) All<br>Organ | <input type="checkbox"/> | Any Other Tissue (Pl. Specify) Any Other Organ (Pl.<br>Specify) All Tissues | <input type="checkbox"/> |

My blood group is (if known).....

Signature of Pledger.....

Address for correspondence.....

Telephone No.....

Email.....

Dated :

(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.....S/o,D/o,W/o.....

aged.....resident of..... Telephone No.....

Email:.....

(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 .....