

FORM - 1

I, _____ aged _____ s/o,d/o,w/o Shri _____ resident of _____ hereby authorize to remove for therapeutic purpose/consent to donate my organ,namely, _____ to

(i) Shri/Smt./Km. _____ s/o,d/o,w/o Shri. _____ aged _____ resident of _____ who happens to be my near relative as defined in clause(i) of section 2 of Act.

OR

(ii) Shri/Smt/Km. _____ s/o,d/ow/o Shri _____ aged _____ resident of _____ towards whom I possess special affection or attachments, or for any special reason (to be specified).

I certify that the above authority/consent has been given by me out of my own free will without any undue pressure, inducement, influence or allurements and that the purpose of the above authority/donation and of all possible complications, side-effects, consequences and options have been explained to me before giving this authority or consent or both.

Signature of the Donor