

F O R M - 5

I, \_\_\_\_\_ s/o, d/o, w/o Shri \_\_\_\_\_  
aged \_\_\_\_\_ resident of \_\_\_\_\_

\_\_\_\_\_

in the presence of persons mentioned below hereby unequivocally authorize the  
removal of my organ/organs, namely, \_\_\_\_\_  
from my body after my death for therapeutic purposes.

Signature of the Donor \_\_\_\_\_

Dated \_\_\_\_\_

(Signature)

1. Shri/Smt/Km. \_\_\_\_\_  
S/o, d/o, w/o Shri \_\_\_\_\_  
Aged \_\_\_\_\_  
resident of \_\_\_\_\_  
\_\_\_\_\_

(Signature)

2. Shri/Smt/Km. \_\_\_\_\_  
S/o, d/o, w/o Shri \_\_\_\_\_  
Aged \_\_\_\_\_  
resident of \_\_\_\_\_  
\_\_\_\_\_

is a near relative to the donor as \_\_\_\_\_

Dated \_\_\_\_\_.