

**ZONAL CO-ORDINATION COMMITTEE OF KARNATAKA FOR
TRANSPLANTATION
(ZCCK)**



#A – 1, First Floor, Neuro-Science Faculty Centre,
NIMHANS, Hosur Road, Bangalore – 560 029.
Phone: (080) 26995716 Mobile: 9845006768

Affix
Passport
size
photograph

1. Name : _____
 2. Date of birth : _____
 3. Sex : _____
 4. Permanent Address : _____
: _____
: _____
 5. Telephone/Fax/Pager: _____
 6. Transplant Centre : _____ Hospital No: _____
 7. Previous Transplant : Yes/No If Yes- Details
 8. Blood Group :
- Previous Cross-Matches:
HbsAg :
Hepatitis C:
Regn Fee: Rs. (paid)Cheque/Draft No:
Hepatologist:

Signature of Patient:
(Of parent in case of a minor)

Signature of Cardiologist:
Name of Doctor

***Proof of date of Birth to be attached**
****Proof of residence to be provided (Ration card, Passport, Voter ID card)**
=Copies of all Medical data from a recognized transplant centre
=Proof of Blood Group

DECLARATION

I _____ Son/daughter/wife of
_____ Resident of _____

do hereby declare that the contents of paragraph 1 to 10 are true and to the best of my knowledge and belief and that no other information has been concealed therein.

Place:

Signature of the RECIPIENT

Date:

****That the RECIPIENT hereby agrees that his being put on the waiting list does not guarantee the supply of an organ for transplantaion by ZCCK. ZCCK does not guarantee the RECIPIENT an organ merely by virtue of the RECIPIENT being registered with ZCCK and his name put on the waiting list.**

For Official use only

Name : _____

Application received on : _____

Registration amount received on : _____

Date and time of activation : _____

For ZCCK