

FORM 12

CERTIFICATE OF REGISTRATION

This is to certify that hospital located at has been inspected by the Appropriate Authority and certificate of registration is granted for performing the organ transplantation of the following organs: -

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.....
.....

This certificate of registration is valid for a period of five years form the date of issue.

Signature
.....

Signature

FORM 13

[Refer sub-rule 8(2)]

OFFICE OF THE APPROPRIATE AUTHORITY

This is with reference to the application, dated form (Name of the hospital) for renewal of certificate of registration for performing organ transplantation, under the Act.

After having considered the facilities and standards of the above said hospital, the Appropriate Authority hereby renews the certificate of registration of the said hospital for the purpose of performing organ transplantation for a period of five years.

Appropriate authority

Place

Date