

1[FORM 2]

[To be completed by the concerned medical practitioner]

[Refer rule 4(1) (b)]

I, Dr. possessing qualification of registered as medical practitioner at Serial No. by the Medical Council, certify that I have examined Shri/Smt./ Km s/o, w/o, d/o Shir aged who has given in-formed consent about donation of the organ, namely (name of the organ to Shri/Smit./Km who is a "near relative" of the donor / other that near relative of the donor, who had been approved by the Authorisation Committee / Registered Medical Practitioner i.e. In-charge of transplant center (as the case may be) and that the said donor is in proper state of health and is medically fit to be subjected to the procedure of organ removal.

Place

Date

.....

Signature of Doctor seal

To be affixed (pasted) and attested by the doctor concerned. The signatures and seal should partially appear on photograph and document without disfiguring the face in photograph

Photograph of the Donor
(Attested by doctor)

To be affixed (pasted) and attested by the doctor concerned. The signatures and seal should partially appear on photograph and document without disfiguring the face in photograph

Photograph of the Recipient
(Attested by doctor)]

1[FORM 3]

[Refer rule 4(1) (c)]

I, Dr./Mr./Mrs. working as at and possessing qualification of certify that Shri / Smt. Km. S / o, D / o, Wo Shri / Smt. aged the donor and Shri / Smt. S / o, D /o, W/o, Shri / Smt aged the proposed recipient of the organ to be donated by the said donor are related to each other as brother / sister / mother /father /sons /daughter as per their statement and the fact of this relationship has been established / not established by the results of the tests for Antigenic Products of the Human Major Histocompatibility Complex. The results of the test are attached Place.....

Date.....

Signature
(To be signed by the Head of the Laboratory)