

FORM - 6  
[(See rule 4(2) (b)]

I..... s/o,d/o,w/o .....  
aged .....resident of.....  
having lawful possession of the dead body Sri/Smt/km .....s/o,d/o,w/o  
.....

aged..... resident of..... having known that the deceased has not expressed any objection to his/her organ/organs being removed for therapeutic purposes after his/her death and also having reasons to believe that no near relative of the said deceased person has objection to any of his/her organs being used for therapeutic purposes authorise removal of his/her body organs,

Signature.....  
name. ....

Dated.....

Place .....  
Person in lawful possession of the dead body

Address.....  
.....