

FORM 9

[Refer rule 4(3) (a) (b)]

I, Shri/Smt. s / o. w / o, Shri resident of hereby authorize removal of the organ / organs, namely, for therapeutic purpose from the dead body of my son / daughter Shri / Km.aged Whose brain-stem death has been duly certified in accordance with the law.

Signature.....

Name.....

Date.....

Place.....