

(10 Rs Stamp Paper.)

Donor's Photo

Recipient's Photo.

**AFFIDAVIT**

I, \_\_\_\_\_ S/o, D/o, W/o, \_\_\_\_\_  
R/o \_\_\_\_\_, hereby solemnly affirm and  
declare as under:-

1) That I am donating my kidney to my \_\_\_\_\_ named  
\_\_\_\_\_ aged \_\_\_\_\_ years at my free will and choice  
without any pressure or undue influence from any side. Neither I have sold nor I have  
bargained for this above said donation.

Signature of Recipient

Deponent  
(Donor)

**Verification :**

Verified at this \_\_\_\_\_ day of \_\_\_\_\_ 2011 that the contents of the  
above affidavit are true and correct to the best of my knowledge and belief, and nothing  
material has been concealed therefrom.

Place:

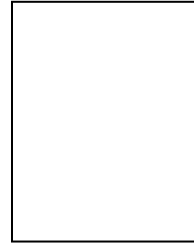
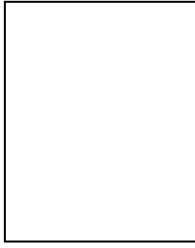
Date:

Deponent  
(Donor)

Recipient's Photo

Donor's Photo.

10 Rs Stamp Paper.



### **Affidavit**

I \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_  
R/o \_\_\_\_\_ Hereby solemnly affirm and declare on  
oath as given hereunder:-

1. That I am suffering from \_\_\_\_\_ that I am on dialysis for the time being but I have advised kidney transplant by my treating Nephrologist.
2. That I am first time appearing before the Authorisation Committee of Human Organ Transplantation Committee of Medanta-The Medicity, Gurgaon, Haryana and the deponent will not undergo any litigation against the authorization committee and Medanta-The Medicity and have not appeared before any authorization Committee of any other Hospital so far.

Deponent  
Recipient

Verification

Verified on this \_\_\_\_\_ day of 2011 the contents of above said affidavit are true and correct to the best of my knowledge and belief. Nothing material has been concealed therein.

Date

Deponent  
Recipient

10 Rs.Stamp Paper.

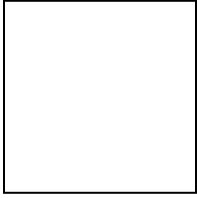


Photo Near Relative.

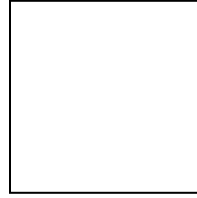


Photo Donor

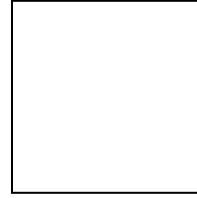


Photo Recipient.

AFFIDAVIT

I \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_  
R/o \_\_\_\_\_ Hereby solemnly affirm and declare as  
under:

1. That my \_\_\_\_\_ is willing to donate his/her one kidney to his/her(relation) \_\_\_\_\_ who is suffering from Kidney disease.
2. I further state that I do not have any objection if my (relation) \_\_\_\_\_ is donating one kidney \_\_\_\_\_.
3. I further state that this Affidavit is with intent for submission to the Hospital authority that is going to Transplant a kidney to \_\_\_\_\_.
4. I say that all that this stated above is true to best of my knowledge and belief.

Solemnly affirmed at \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_ 2011.

Place.  
Date.

Deponent.  
Donor Near Relative

# **DONOR PROFORMA**

(THIS FORM SHOULD BE FILLED BY THE DONOR IN HIS/HER OWN HAND WRITING)

Photo with  
signature

NAME:

AGE/SEX:

FATHER'S NAME:

ADDRESS :

PROFESSION/OCCUPATION :

TEL. NO. :

BLOOD GROUP :

RELATIONSHIP :

CROSS MATCH :

MARRIED/UNMARRIED :

INCOME TOTAL :

SOURCE :

MONTHLY AVERAGE INCOME :

APPROVAL OF SPOUSE :

DONOR'S PHOTO WITH SIGN :

REASONS FOR DONATION :

SIGNED CONSENT FOR DONATION ON LEGAL PAPER :

PSYCHIATRIC CHECK -UP :

SIGNATURE OF DONOR

WE SOLEMNLY AFFIRM THAT THE ABOVE DECISION HAS BEEN TAKEN WITHOUT UNDUE PRESSURE INCLUDING INFLUENCE ON ALLUREMENT AND THAT ALL POSSIBLE CONSEQUENCES AND OPTION OF ORGAN TRANSPLANTATION HAS BEEN EXPLAINED TO US.

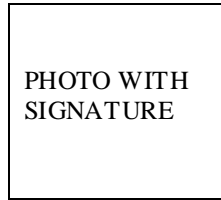
SIGNATURE & ADDRESS OF DONOR

SIGNATURE & ADDRESS OF RECIPIENT

THE FACTS ARE VERIFIED BY THE PROCESSING PHYSICIAN

## RECIPIENT PROFORMA

(THIS FORM SHOULD BE FILLED BY THE RECIPIENT IN HIS/HER OWN HAND WRITING)



NAME : I.D.NO.

AGE/SEX :

BLOOD GROUP :

FATHER'S NAME :

MOTHER'S NAME :

PHOTO WITH SIGN :

REASON FOR NOT  
BECOMING A DONOR

BROTHER'S NAME : AGE :

SISTER'S NAME : AGE :

SPOUSE NAME : AGE :

CHILDREN NAME : AGE :

SIGNATURE OF RECIPIENT

WE SOLEMNLY AFFIRM THAT THE ABOVE DECISION HAS BEEN TAKEN WITHOUT UNDUE PRESSURE INCLUDING INFLUENCE OR ALLUREMENT AND THAT ALL POSSIBLE CONSEQUENCES AND OPTION OF ORGAN TRANSPLANTATION HAS BEEN EXPLAINED TO US.

SIGNATURE & ADDRESS OF RECIPIENT

SIGNATURE & ADDRESS OF DONOR

THE FACTS ARE VERIFIED BY THE PROCESSING PHYSICIAN.

**Form – I (A) [Page 1 of 2]**  
(To be completed by the prospective related donor)  
**(See rule 3)**

My full name is \_\_\_\_\_  
and this is my photograph

Photograph of the Donor  
(Attested by Notary Public)

To be affixed  
and attested  
by Notary  
Public after it  
is affixed

My permanent home address is \_\_\_\_\_  
\_\_\_\_\_ Tel : \_\_\_\_\_

My present home address is \_\_\_\_\_  
\_\_\_\_\_ Tel : \_\_\_\_\_

Date of birth \_\_\_\_\_ (day / month / year)

- Ration / Consumer Card number and Date of issue & place .....  
..... (photocopy attached)  
and /or
- Voter's I-Card number, date of issue, Assembly constituency .....  
..... (photocopy attached)  
and /or
- Passport number and country of issue .....  
..... (photocopy attached)  
and /or
- Driving Licence number, Date of issue, licensing authority .....  
..... (photocopy attached)  
and /or
- PAN .....  
(photocopy attached)  
and /or
- Other proof of identity and address .....

I hereby authorize removal for therapeutic purpose/consent to donate my ..... (state which organ) to my relative ..... (specify son/daughter/father/mother/brother/ sister), whose name is ..... and who was born on ..... (day/month/year) and whose particulars are as follows:

Photograph of the Recipient  
(Attested by Notary Public)

To be affixed  
and attested  
by Notary  
Public after it  
is affixed

**FORM I(A) [Page – 2]**

- Ration / Consumer Card number and Date of issue & place .....  
..... (photocopy attached)  
and /or

- Voter's I-Card number, date of issue, Assembly constituency .....  
..... (photocopy attached)  
and /or
- Passport number and country of issue .....  
..... (photocopy attached)  
and /or
- Driving Licence number, Date of issue, licensing authority .....  
..... (photocopy attached)  
and /or
- PAN ..... (photocopy attached)  
and /or
- Other proof of identity and address .....

**I solemnly affirm and declare that :**

Sections 2, 9 and 19 of the Transplantation of Human Organs Act 1994 have been explained to me and I confirm that :

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my ..... (organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my ..... (organ). That explanation was given by ..... (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

\_\_\_\_\_  
Signature of the prospective donor

\_\_\_\_\_  
Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/ persons swearing the affidavit(s) sign(s) on the Notary Register, as well.

**Form – I (B)** [Page 1 of 2]  
(To be completed by the prospective spousal donor)  
**(See rule 3)**

My full name is \_\_\_\_\_  
and this is my photograph

Photograph of the Donor  
(Attested by Notary Public)

To be affixed  
and attested  
by Notary  
Public after it  
is affixed

My permanent home address is \_\_\_\_\_  
\_\_\_\_\_ Tel : \_\_\_\_\_

My present home address is \_\_\_\_\_  
\_\_\_\_\_ Tel : \_\_\_\_\_

Date of birth \_\_\_\_\_ (day / month / year)

I authorize to remove for therapeutic purpose/consent to donate my ..... (state which organ) to my husband/wife....., whose full name is ..... and who was born on ..... (day/month/year) and whose particulars are as follows:

Photograph of the Recipient  
(Attested by Notary Public)

To be affixed  
and attested  
by Notary  
Public after it  
is affixed

- Ration / Consumer Card number and Date of issue & place .....  
..... (photocopy attached)  
and /or
- Voter's I-Card number, date of issue, Assembly constituency .....  
..... (photocopy attached)  
and /or
- Passport number and country of issue .....  
..... (photocopy attached)  
and /or
- Driving Licence number, Date of issue, licensing authority .....  
..... (photocopy attached)  
and /or
- PAN ..... (photocopy attached)  
and /or
- Other proof of identity and address .....

**FORM I(B) [Page – 2]**

I submit the following as evidence of being married to the recipient : -

a) A certified copy of a marriage certificate

OR

b) An affidavit of a 'near relative' confirming the status of marriage to be sworn before Class-I Magistrate/ Notary Public.

c) Family photographs

d) Letter from member of Gram Panchayat / Tehsildar / Block Development Officer / MLA/ MP certifying factum and status of marriage.

e) Other credible evidence

**I solemnly affirm and declare that :**

Sections 2, 9 and 19 of the Transplantation of Human Organs Act 1994 have been explained to me and I confirm that :

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my ..... (organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my ..... (organ). That explanation was given by ..... (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

\_\_\_\_\_  
Signature of the prospective donor

\_\_\_\_\_  
Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/ persons swearing the affidavit(s) sign(s) on the Notary Register, as well.

**Form – I (C)** [Page 1 of 2]  
(To be completed by the prospective un-related donor)  
**(See rule 3)**

My full name is \_\_\_\_\_  
and this is my photograph

Photograph of the Donor  
(Attested by Notary Public)

To be affixed  
and attested  
by Notary  
Public after it  
is affixed

My permanent home address is \_\_\_\_\_  
\_\_\_\_\_ Tel : \_\_\_\_\_

My present home address is \_\_\_\_\_  
\_\_\_\_\_ Tel : \_\_\_\_\_

Date of birth \_\_\_\_\_ (day / month / year)

- Ration / Consumer Card number and Date of issue & place .....  
..... (photocopy attached)  
and /or
- Voter's I-Card number, date of issue, Assembly constituency .....  
..... (photocopy attached)  
and /or
- Passport number and country of issue .....  
..... (photocopy attached)  
and /or
- Driving Licence number, Date of issue, licensing authority .....  
..... (photocopy attached)  
and /or
- PAN .....  
(photocopy attached)  
and /or
- Other proof of identity and address .....

I hereby authorize removal for therapeutic purpose/consent to donate my ..... (state which organ) to  
a person whose full name is ..... and who was born on  
..... (day/month/year) and whose particulars are as follows:

Photograph of the Recipient  
(Attested by Notary Public)

To be affixed  
and attested  
by Notary  
Public after it  
is affixed

**FORM I(C)** [Page – 2]

- Ration / Consumer Card number and Date of issue & place .....  
..... (photocopy attached)  
and /or

- Voter's I-Card number, date of issue, Assembly constituency .....  
..... (photocopy attached)  
and /or
- Passport number and country of issue .....  
..... (photocopy attached)  
and /or
- Driving Licence number, Date of issue, licensing authority .....  
..... (photocopy attached)  
and /or
- PAN ..... (photocopy attached)  
and /or
- Other proof of identity and address .....

**I solemnly affirm and declare that :**

Sections 2, 9 and 19 of the Transplantation of Human Organs Act 1994 have been explained to me and I confirm that :

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my ..... (organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my ..... (organ). That explanation was given by ..... (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

\_\_\_\_\_  
Signature of the prospective donor

\_\_\_\_\_  
Date

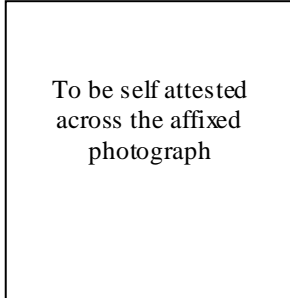
Note: To be sworn before Notary Public, who while attesting shall ensure that the person/ persons swearing the affidavit(s) sign(s) on the Notary Register, as well.

**FORM – 10**

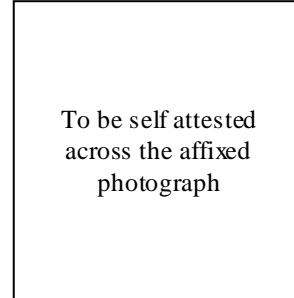
**APPLICATION FOR APPROVAL FOR TRANSPLANTATION (LIVE DONOR)**

(To be completed by the proposed recipient and the proposed donor)

[See Rule 4 (1) (c) (d) (e)]



Photograph of the Donor



Photograph of the Recipient

Whereas I \_\_\_\_\_ S/o. D/o. W/o \_\_\_\_\_  
\_\_\_\_\_ aged \_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_ have been  
advised by my doctor \_\_\_\_\_ that I am suffering from  
\_\_\_\_\_ and may be benefited by transplantation of  
\_\_\_\_\_ into my body.

And whereas I \_\_\_\_\_ S/o, D/o, W/o Shri/Smt.  
\_\_\_\_\_ aged \_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_ by the following reason(s):-

- a) By virtue of being near relative i.e. \_\_\_\_\_
- b) By reason of affection/attachment/other special reason as explained below:

\_\_\_\_\_  
\_\_\_\_\_

I would therefore like to donate my (name of the organ) \_\_\_\_\_ to Mr. / Mrs.  
\_\_\_\_\_ .

We \_\_\_\_\_ (donor) and \_\_\_\_\_ (recipient)  
hereby apply to Authorization Committee for permission for such transplantation to be carried out.

We solemnly affirm that the above decision has been taken without any undue pressure, inducement, influence or allurements and that all possible consequences and options of organ transplantation have been explained to us.

Instruction for the applicants:-

1. Form 10 must be submitted along with the completed Form 1(A), or Form 1(B) or Form 1(C) as may be applicable.
2. The applicable Form i.e. Form 1(A), or Form 1(B) or Form 1(C) as may be, should be accompanied with all documents mentioned in the applicable form and all relevant queries set out in the applicable form must be adequately answered.
3. Completed Form 3 to be submitted along with the laboratory report.
4. The doctor's advise recommending transplantation must be enclosed with the application.
5. In addition to above, in case the proposed transplant is between unrelated persons, appropriate evidence of vocation and income of the donor as well as the recipient for the last three years must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income tax returns, keeping in view that the applicant(s) in a given case may not be filing income tax returns.
6. The application shall be accepted for consideration by the Authorization Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.
7. As per Supreme Court's judgement dated 31.03.2005, the approval / No Objection Certificate from the concerned State / Union Territory Government or Authorization Committees is mandatory from the domicile State / Union Territory of donor as well as recipient. It is understood that final approval for transplantation should be granted by the Authorization Committee / Registered Medical Practitioner i.e. Incharge of transplant centre (as the case may be) where transplantation should be done.

We have read and understood the above instructions.

\_\_\_\_\_  
Signature of the prospective donor

\_\_\_\_\_  
Signature and address of prospective recipient

Date : .....

Place : .....