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### ORGAN(S) AND TISSUE(S) DONOR FORM

Date

Regn. No.

I.....S/o,D/o,W/o.....aged.....  
and date of birth.....resident of .....

.....in the presence of persons mentioned below  
hereby unequivocally authorise the removal of following organ(s) and/or tissue(s), from my body after being declared  
brain stem dead by the board of medical experts and consent to donate the same for therapeutic purposes.

Please tick as applicable

Organ(s): Heart  Lungs  Kidneys  Liver  Pancreas  Intestine  / All

Tissue(s) : Corneas/Eye Balls  Skin  Bones  Heart Valves  Blood Vessels  / All

(Tissues can also be donated after Brain Stem Death as well as Cardiac Death)

My Blood group is (if known).....

Dated : .....

Signature of Pledger .....

Address for correspondence .....

Telephone No. ....Email : .....

(Signature of Witness 1) : .....

1. Shri/Smt./Km.....S/o, D/o, W/o .....  
aged.....resident of .....

Telephone No. ....Email : .....

(Signature of Witness 1) : .....

1. Shri/Smt./Km.....S/o, D/o, W/o .....  
aged.....resident of .....

Telephone No. ....Email : .....

is a near relative to the donor as .....

Dated : .....

Place : .....