

THE TRANSPLANTATION OF HUMAN ORGANS ACT 1994
(Central Act 42 of 1994)

FORM – 1

I _____ aged _____

S/O, D/O, W/O, Mr. _____ resident

of _____

hereby authorize to remove for the therapeutic purposes/ consent to donate my organ,
namely _____.

Mr. / Mrs. _____ S/O, D/O, W/O,

Mr. _____ aged _____

resident of _____

happens to be my near relative as defined in clause (2) of section (2) of the Act.

I certify that the above authority/ consent has been given byb me out of my own free will without pressure, inducement, influence od allurement and that the purposes of the above authority/ donation and of all possible complications, side – effects, consequences and options have been explained to me by giving this authority or consent or both.

Signature of the Donor.