

FORM - 5
[(See rule 4(2) (a)]

I S/o, D/o, W/o aged
..... resident of in the presence of persons mentioned below
hereby unequivocally authorize the removal of my organ/organs, namely, .
.....

from my body after my death for therapeutic purposes.

Dated:

Signature of the Donor

1. Shri/Smt./Km.....

S/o, D/o, W/o aged
.....

..... resident of

Signature

2. Shri/Smt./Km..... aged

..... resident of is a near

relative to

the donor

Dated.....