



सत्यमेव जयते

Public Health Department
Government of Maharashtra
and
Zonal Transplant Co-ordination Centre, Mumbai

Pledge your organs- Consent Letter

(As per THOA Rule Form No. 5)

IAge

S/o, d/o, w/o Shri

address

I hereby unequivocally authorize the removal of my organ/organs from my body after my death for therapeutic purposes.

(A) Suitable Organs

(B) Heart Liver Lungs Kidneys Pancreas Intestines

Eyes Skin Bone Heart Valves Ear Drum

Blood Group :

Email Id :

Signature :

Contact No. :

Date :

Name & Address of Relative :

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ए - २ / ५, सिध्दार्थनगर, धीरज उपवन समोर, बोरीवली (पूर्व), पश्चिम द्रुतगती मार्गाजवळ, मुंबई - ४०० ०६६.
दूरध्वनी : २८८७९०९५ / ९६ • Website : www.jeevanvidya.org • Email : office@jeevanvidya.org

The registration is initiated under Organ Donation Campaign of Jeevanvidya Mission