

PRANABANANDA VIDYA MANDIR

BHARAT SEVASHRAM SANGHA
LUMDING, ASSAM

ORGAN DONATION PLEDGE FORM

This form is in accordance with the Transplantation of Human Organs Act 1994:-

Name: -

Father's Name: -

Spouse's Name: -

(*) Gender:-, (*) Blood Group:-, (*) Date of Birth: -

(*) Contact No: -, Email (if any):-

Organization (if any):-

(*) Permanent Address:-.....

..... City:-.....

District:-..... State..... Pin No:-

Present Address(if any):-.....

..... City:-.....

District:-..... State..... Pin No:-

Organs / Tissues to be pledged:-

1> Kidneys.	4>Lungs.	7> Heart Values.
2> Eyes.	5> Liver.	8> Bone Marrow.
3> Heart.	6>Pancreas.	9> All suitable organs & Tissues.

WITNESSES – It is necessary that one of the witnesses must be a close family member.

Witness 1:-

Name: -

Relationship: - , Contact No:-

Address (With E-mail, if any):-
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Witness 2:-

Name: -

Relationship: - Contact No:-

Address (With E-mail, if any):-
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DECLARATION:-

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

I hereby confirm that I am aware of the importance of having the witness signature on the Pledge Card and I take full responsibility for its implementation.

I hereby confirm that all the above information is right and I choose to pledge my organs being in the sane state of mind.

Date & Place:-

Full Signature of the Donor

LIVE A LIFE LONG AFTER YOUR DEATH
PRANABANANDA VIDYAMANDIR, LUMDING
(Affiliated to C.B.S.E., NEW DELHI)
BHARAT SEVASHRAM SANGHA
ORGANISES
ORGAN DONATION PLEDGE CAMP
IN ASSOCIATION WITH
GIFT YOUR ORGAN FOUNDATION

“THEY ONLY LIVE WHO LIVE FOR OTHERS” – SWAMI VIVEKANANDA
FOR ONLINE DONATION & ENQUIRY, KINDLY VISIT www.giftyourorgan.org / E-Mail:
celebrate@giftyourorgan.org

