



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)

I _____

s/o, d/o, w/o Shri _____ Age : _____

address _____

in the presence of persons mentioned below hereby unequivocally authorize the removal of my organ/organs from my body after my death for therapeutic purpose.

- Heart Liver Lungs Kidneys Pancreas Intestines
- Eyes Skin Bone Heart Valves Ear Drum

Blood Group : _____

Email Id: _____

Contact No.: _____

Signature : _____

Date : _____

Witness 1*

Shri/Smt/Km _____

s/o, d/o, w/o Shri _____ Age: _____

address _____

Relationship : _____ Contact No.: _____

Signature : _____

Witness 2*

Shri/Smt/Km _____

s/o, d/o, w/o Shri _____ Age: _____

address _____

Relationship : _____ Contact No.: _____

Signature : _____

*Out of two, at least one witness needs to be close relative.

