

U. T. Organ and Tissue Transplant Organization

Directorate of Health and Medical Services

Shri Vinoba Bhave Civil Hospital, Silvassa

Dadra and Nagar Haveli 396230

Pledge Your Organs – Consent Letter

(As per THOA Rules, 2014 Form No. 7)

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 purposes.

Heart Liver Lungs Kidney 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.