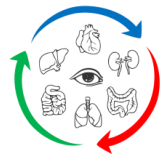


YMC Organ Donation and Transplant Foundation



YMC Organ Donation
and Transplant Foundation

TOGETHER WE CAN

Registered office: 1602, Kesar Polaris, Plot 126, 5th lane, Hindu colony, Dadar (E) Mumbai- 14

Contact: YMCdirector@gmail.com OR YMCfoundationforyou@gmail.com

FORM 7
FOR ORGAN OR TISSUE PLEDGING
(To be filled by individual of age 18 year or above)
ORGAN(S) AND TISSUE(S) DONOR FORM
(To be filled in triplicate)

Registration Number (To be allotted by Government Organ Donor Registry)

I,.....S/o,D/o,W/o.....

aged.....and date of birth.....resident of

in the presence of persons mentioned below hereby unequivocally authorise the removal of following organ(s) and/or tissue(s), from my body after being declared brain stem dead by the board of medical experts and consent to donate the same for therapeutic purposes.

Please tick as applicable (Following tissues can also be donated after brain stem death as well as cardiac death)

Corneas/Eye Balls	Lungs	Skin	Kidneys	Bones
Liver	Heart	Heart Valves	Pancreas	Blood Vessels
All Organs	All Tissues			

My blood group is Signature of Pledger

Address for correspondence

Telephone No..... Email : Dated:

(Signature of Witness 1)

1. Shri/Smt./Km S/o,D/o,W/o.....

Aged Resident of Telephone No..... Email:

is a near relative to the donor as Dated..... Place

(Signature of Witness 2)

1. Shri/Smt./Km S/o,D/o,W/o.....

Aged Resident of Telephone No..... Email:

is a near relative to the donor as Dated..... Place

Note:

- (i) Organ donation is a family decision. Therefore, it is important that you discuss your decision with family members and loved ones so that it will be easier for them to follow through with your wishes.
- (ii) One copy of the pledge form/pledge card to be with respective networking organisation, one copy to be retained by institution where the pledge is made and one copy to be handed over to the pledger.
- (iii) The person making the pledge has the option to withdraw the pledge.