



**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 purposes.

- 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.

