

ORGAN RETRIEVAL BANKING ORGANIZATION (ORBO)

All India Institute of Medical Sciences
Ansari Nagar, New Delhi - 110029
ORGAN(S) AND TISSUE(S) DONOR FORM

Date

Regn. No.

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

Organ(s): Heart Lungs Kidneys Liver Pancreas Intestine / All

Tissue(s) : Corneas/Eye Balls Skin Bones Heart Valves Blood Vessels / All

(Tissues can also be donated after Brain Stem Death as well as Cardiac Death)

My Blood group is (if known).....

Dated :

Signature of Pledger

Address for correspondence

Telephone No. Email :

(Signature of Witness 1) :

1. Shri/Smt./Km.....S/o, D/o, W/o
aged.....resident of

Telephone No. Email :

(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 :