

F O R M - 10

**APPLICATION FOR APPROVAL FOR TRANSPLANTATION LIVE DONOR
OTHER THAN NEAR RELATIVE**

Whereas I, _____ s/o, d/o, w/o. Shri _____
aged _____ residing at _____ have been
informed by my doctor that I am suffering from _____ and may be
benefited by transplantation of _____ into my body,

And whereas I, _____ s/o, d/o, w/o Shri _____
aged _____ residing at _____ by
reason of affection and attachment because:

(reason to be filled in)

would like to donate my _____ to _____ we

(donor)

and _____ hereby apply to authorisation committee for permission
for such transplantation to be carried out.

(Recipient)

We solemnly affirm that the above decision has been taken without any undue
pressure inducement, influence or allurements and that all possible consequences
and options of organ transplantation have been explained to us.

Signature and address of prospective donor.

Signature and address of prospective recipient.