

# F O R M - 12

## CERTIFICATE OF REGISTRATION

This is to certify that \_\_\_\_\_ Hospital located at \_\_\_\_\_ has been inspected by the Appropriate Authority and certificate of registration is granted for performing the organ transplantation of the following organs:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

This certificate of registration is valid for a period of five years from the date of issue.

Signature \_\_\_\_\_

Signature \_\_\_\_\_