

## FORM - 2

I, Dr. \_\_\_\_\_ possessing qualification of \_\_\_\_\_ registered as medical practitioner at Serial No. \_\_\_\_\_ by the \_\_\_\_\_ Medical Council, certify that I have examined Shri/Smt./Km. \_\_\_\_\_ s/o, d/o, w/o Shri \_\_\_\_\_ aged \_\_\_\_\_ whose free and informed consent about donation of the organ, namely \_\_\_\_\_ to Shri/Smt./Km. \_\_\_\_\_ s/o, d/o, w/o Shri. \_\_\_\_\_ who is near relative of the donor and that the said donor is in proper state of health and is \_\_\_\_\_ medically fit to be subjected to the procedure of organ removal.

Dated: \_\_\_\_\_

Signature \_\_\_\_\_

Place : \_\_\_\_\_