

FORM - 3

I, Dr. _____ possessing _____ qualification
of _____ registered as medical practitioner at Serial
No. _____ by the _____ Medical Council,
certify that Shri/Smt./Km. _____ s/o, d/o, w/o
Shri _____ aged _____ the donor, and Mr. / Mrs.
_____ s/o, d/o, w/o Shri _____
aged _____ the recipient of the organ donated by the said donor are
related to each other as brother / sister / mother / father / son / daughter as per
their statement and the fact of this relationship has been established by the
results of the tests for Antigenic Products of the Human Major Hysto-compatibility
System, namely _____ by the Authorisation Committee as
per the information contained in their letter of approval
No. _____ dated _____

Dated: _____

Signature _____

Place : _____