



Please fill in CAPITAL LETTERS ONLY
All fields are mandatory

Full Name: _____

Mother's/Father's Name: _____

Date of Birth (DD/MM/YYYY): _____ Gender: _____

E mail Address: _____ Phone No: _____

Current Residential Address: _____

City: _____ State: _____ Country: _____

Occupation: _____ Blood Group: _____

Identity card Number/Aadhaar No: _____

Next of kin/person authorized to take decision & relation with
you: _____

Next of kin/Emergency Contact Number: _____

Next of kin/Emergency Contact Address: _____

Organs that I wish to donate (Please tick)

- ☐ All organ
- ☐ Cornea (eyes)
- ☐ Kidneys
- ☐ Heart
- ☐ Lungs
- ☐ Liver
- ☐ Pancreas
- ☐ Small Intestine
- ☐ Skin
- ☐ Hand

- ☐ I declare that I am a citizen of India and above 18 years of age.

Signature