

FORM 18

CERTIFICATE BY THE AUTHORISATION COMMITTEE OF HOSPITAL (IF HOSPITAL AUTHORISATION COMMITTEE IS NOT AVAILABLE THEN THE AUTHORISATION COMMITTEE OF THE DISTRICT/STATE)

WHERE THE TRANSPLANTATION HAS TO TAKE PLACE

(To be issued on the letter head)

[Refer rules 16 and 23]

This is to certify that as per application in form-10 for transplantation of(Name of Organ/tissue) from living donor, other than near relative/ swap donation cases/ all foreigner under the Transplantation of Human Organs Act,1994 (42 of 1994) submitted on..... by the donor and recipient, whose details and photographs are given below, along with their identifications and verification documents, the case was considered after the personal interview of donor and recipient (if medically fit to be interviewed) and their relatives as applicable by the Authorisation Committee in the meeting held on dated.....

Details of Recipient

Name.....
Age.....
Sex.....
Father / Husband Name.....
Address:.....
.....
Hospital Reg. No.....

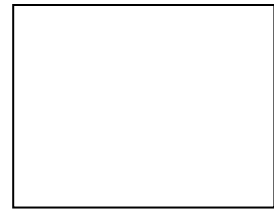
Details of Donor

Name:.....
Age.....
Sex.....
Father / Husband name.....
Address:.....
.....
Hospital Reg. No.....

Relation of donor with Recipient



Recipient



Donor

(Photo of recipient and donor must be signed and stamped across the photo after affixing)

Permission is granted, as to the best of knowledge of the members of the committee, donation is out of love and affection and there is no financial transaction between recipient and donor and there is no pressure on / coercion of the donor.

Permission is withheld pending submission of the following documents.....

Permission is not granted for the following reasons.....

(Member)
Name and Designation
(Member)
Health Secretary
Or Nominee

(Member)
Name and Designation
(Member)
DHS or Nominee
Name and Designation

(Member)
Name and Designation
(Sign of Chairman with stamp)
Name and Designation

Date and place.....

** In case of SWAP transplants, details are to be annexed.*