

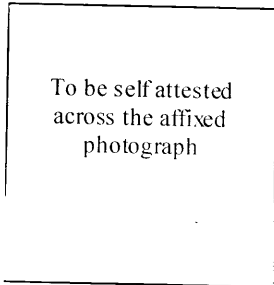
GUIDELINES FOR PROCESSING THE APPLICATION

1. Recipient and donor should apply to the Chairman, Authorization Committee in Form-10 & treatment certificate given by the treating Nephrologist and Urologist & Transplant Surgeon along with necessary documents for granting permission for un-related transplantation .
2. The application should be forwarded by the Hospital Administrator / Medical Superintendent/ Medical Director of the hospital concerned where the transplantation is proposed to be carried out along with all necessary documents. The decision of the committee will be sent to the hospital from which hospital the application is forwarded, but not directly to the recipient.
3. Family structure certificate should include self, father, mother, brother(s), sister(s), spouse, son(s) and daughter(s) with address, name and age.
4. The status of the medical fitness of the family members and reasons for not considering them as possible donor should be certified by the treating Nephrologist and Transplant Surgeon with all necessary investigations. They should also certify that all other alternative modalities of management of End Stage Renal Disease have been discussed with the recipient and also the possible long term results of un-related transplantation.
5. The recipient should enclose a notarized affidavit on a Rs.10/- value non-judicial stamp paper for his willingness to undergo transplantation with the donor.
6. The family structure certificate and certificate of residence of the Recipient as well as Donor separately issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned or First Class Magistrate/officer not below the rank of Deputy Secretary should be produced. Copies of any two among the following six (6) i.e. telephone bill, electricity bill, ration card, election voter identity card, driving license and pass port must be enclosed for corresponding address proof.
7. The prospective donor should enclose a notarized affidavit on Rs.10/- value Non-judicial stamp paper about his willingness to donate his kidney.
8. The donor's next of kin like father, mother, brother or sister in that order if unmarried and wife/husband if married should also give a notarized affidavit on Rs.10/- value Non-judicial stamp paper expressing their consent for the prospective donor to donate his/her kidney and he/she should be available at the time of interview and also during surgery.
9. The permission given is valid for a particular patient and donor, the hospital, doctors (Nephrologist and Transplant Surgeon) from which the application is forwarded to the committee and cannot be transferable.
10. In case the patient desires to change the hospital or his doctor, he has to apply to the committee from the hospital in which he wishes to undergo transplantation through the hospital from which he/she has earlier applied with specific reasons.
11. No foreigner can undergo transplantation with an Indian donor. They can bring the donor from their country of origin duly forwarded by their Embassy for transplantation in India.
12. Filled in application (Form-10) along with necessary documents should be submitted to the Authorization Committee.
13. In complete/un signed and application submitted without necessary documents and enclosures shall not be considered.

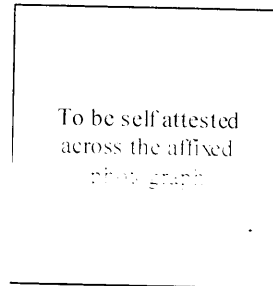
FORM - 10

APPLICATION FOR APPROVAL FOR TRANSPLANTATION (LIVE DONOR)

(To be completed by the proposed recipient and the proposed donor)
[See Rule 4 of the Ordinance]



Photograph of the Donor



Photograph of the Recipient

Whereas I _____ S/o. D/o. W/o _____
aged _____ residing at _____
_____ have been
advised by my doctor _____ that I am suffering from
_____ and may be benefited by transplantation of
_____ into my body.

And whereas I _____ S/o. D/o. W/o Shri/Smt.
aged _____ residing at _____
_____ by the following reason(s):-

- a) By virtue of being near relative i.e. _____
- b) By reason of affection/attachment/other special reason as explained below:

I would therefore like to donate my (name of the organ) _____ to Mr. / Mrs.

_____ (donor) and _____ (recipient)
hereby apply to Authorization Committee for permission for such transplantation to be carried out.

We solemnly affirm that the above decision has been taken without any undue pressure, inducement, influence or allurements and that all possible consequences and options of organ transplantation have been explained to us.

Instruction for the applicants:-

1. Form 10 must be submitted along with the completed Form 1(A), or Form 1(B) or Form 1(C) as may be applicable.
2. The applicable Form i.e. Form 1(A), or Form 1(B) or Form 1(C) as may be, should be accompanied with all documents mentioned in the applicable form and all relevant queries set out in the applicable form must be adequately answered.
3. Completed Form 3 to be submitted along with the laboratory report.
4. The doctor's advise recommending transplantation must be enclosed with the application.
5. In addition to above, in case the proposed transplant is between unrelated persons, appropriate evidence of vocation and income of the donor as well as the recipient for the last three years must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income tax returns, keeping in view that the applicant(s) in a given case may not be filing income tax returns.
6. The application shall be accepted for consideration by the Authorization Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.
7. As per Supreme Court's judgement dated 31.03.2005, the approval / No Objection Certificate from the concerned State / Union Territory Government or Authorization Committees is mandatory from the domicile State / Union Territory of donor as well as recipient. It is understood that final approval for transplantation should be granted by the Authorization Committee / Registered Medical Practitioner i.e. Incharge of transplant centre (as the case may be) where transplantation should be done.

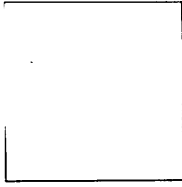
We have read and understood the above instructions.

Signature of the prospective donor

Signature and address of prospective recipient

Date :

Place :



(10 Rs Stamp Paper.)

Donor's Photo

Recipient's Photo.

AFFIDAVIT

I, _____ S/o, D/o, W/o, _____
R/o _____, hereby solemnly affirm and
declare as under:-

1) That I am donating my kidney to my _____ named
_____ aged _____ years at my free will and choice
without any pressure or undue influence from any side. Neither I have sold nor I have
bargained for this above said donation.

Signature of Recipient

Deponent
(Donor)

Verification :

Verified at this _____ day of _____ 2011 that the contents of the
above affidavit are true and correct to the best of my knowledge and belief, and nothing
material has been concealed therefrom.

Place:

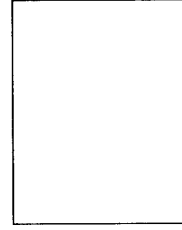
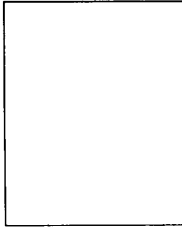
Date:

Deponent
(Donor)

Recipient's Photo

Donor's Photo.

10 Rs Stamp Paper.



Affidavit

I _____ S/o, D/o, W/o _____
R/o _____ Hereby solemnly affirm and declare on
oath as given hereunder:-

1. That I am suffering from _____ that I am on dialysis for the time being but I have advised kidney transplant by my treating Nephrologist.
2. That I am first time appearing before the Authorisation Committee of Human Organ Transplantation Committee of Medanta-The Medicity, Gurgaon, Haryana and the deponent will not undergo any litigation against the authorization committee and Medanta-The Medicity and have not appeared before any authorization Committee of any other Hospital so far.

Deponent
Recipient

Verification

Verified on this _____ day of 2011 the contents of above said affidavit are true and correct to the best of my knowledge and belief. Nothing material has been concealed therein.

Date

Deponent
Recipient

10 Rs. Stamp Paper.

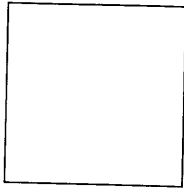


Photo Near Relative.

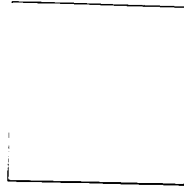


Photo Donor

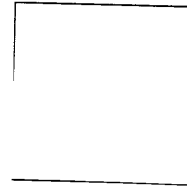


Photo Recipient.

AFFIDAVIT

I _____ S/o, D/o, W/o _____
R/o _____ Hereby solemnly affirm and declare as
under:

1. That my _____ is willing to donate his/her one kidney to his/her (relation) _____ who is suffering from Kidney disease.
2. I further state that I do not have any objection if my (relation) _____ is donating one kidney _____.
3. I further state that this Affidavit is with intent for submission to the Hospital authority that is going to Transplant a kidney to _____.
4. I say that all that is stated above is true to the best of my knowledge and belief.

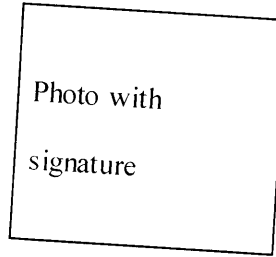
Solemnly affirmed at _____
This the _____ day of _____ 2011.

Place.
Date.

Deponent.
Donor Near Relative

DONOR PROFORMA

(THIS FORM SHOULD BE FILLED BY THE DONOR IN HIS/HER OWN HAND WRITING)



NAME: _____ AGE/SEX: _____
FATHER'S NAME: _____ ADDRESS: _____
PROFESSION/OCCUPATION: _____ TEL. NO.: _____
BLOOD GROUP: _____ RELATIONSHIP: _____
CROSS MATCH: _____
MARRIED UNMARRIED: _____
INCOME TOTAL: _____ SOURCE: _____
MONTHLY AVERAGE INCOME: _____
APPROVAL OF SPOUSE: _____
DONOR'S PHOTO WITH SIGN: _____
REASONS FOR DONATION: _____
SIGNED CONSENT FOR DONATION ON LEGAL PAPER: _____
PSYCHIATRIC CHECK -UP: _____

SIGNATURE OF DONOR

WE SOLEMNLY AFFIRM THAT THE ABOVE DECISION HAS BEEN TAKEN WITHOUT UNDUE PRESSURE INCLUDING INFLUENCE ON ALLUREMENT AND THAT ALL POSSIBLE CONSEQUENCES AND OPTION OF ORGAN TRANSPLANTATION HAS BEEN EXPLAINED TO US.

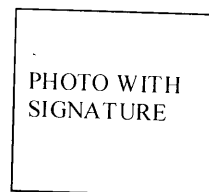
SIGNATURE & ADDRESS OF DONOR

SIGNATURE & ADDRESS OF RECIPIENT

THE FACTS ARE VERIFIED BY THE PROCESSING PHYSICIAN

RECIPIENT PROFORMA

(THIS FORM SHOULD BE FILLED BY THE RECIPIENT IN HIS/HER OWN HAND WRITING)



NAME : _____ I.D.NO. _____

AGE SEX : _____

BLOOD GROUP : _____

FATHER'S NAME : _____

MOTHER'S NAME : _____

PHOTO WITH SIGN : _____

REASON FOR NOT
BECOMING A DONOR

BROTHER'S NAME : _____ AGE : _____

SISTER'S NAME : _____ AGE : _____

SPOUSE NAME : _____ AGE : _____

CHILDREN NAME : _____ AGE : _____

SIGNATURE OF RECIPIENT _____

WE SOLEMNLY AFFIRM THAT THE ABOVE DECISION HAS BEEN TAKEN WITHOUT UNDUE PRESSURE INCLUDING INFLUENCE OR ALLUREMENT AND THAT ALL POSSIBLE CONSEQUENCES AND OPTION OF ORGAN TRANSPLANTATION HAS BEEN EXPLAINED TO US.

SIGNATURE & ADDRESS OF RECIPIENT _____

SIGNATURE & ADDRESS OF DONOR _____

THE FACTS ARE VERIFIED BY THE PROCESSING PHYSICIAN.

RECIPIENT PROFORMA

(THIS FORM SHOULD BE FILLED BY THE RECIPIENT IN HIS/HER OWN HAND WRITING)



NAME : I.D.NO.

AGE/SEX :

BLOOD GROUP :

FATHER'S NAME :

MOTHER'S NAME :

PHOTO WITH SIGN :

REASON FOR NOT
BECOMING A DONOR

BROTHER'S NAME : AGE :

SISTER'S NAME : AGE :

SPOUSE NAME : AGE :

CHILDREN NAME : AGE :

SIGNATURE OF RECIPIENT

WE SOLEMNLY AFFIRM THAT THE ABOVE DECISION HAS BEEN TAKEN WITHOUT UNDUE PRESSURE INCLUDING INFLUENCE OR ALLUREMENT AND THAT ALL POSSIBLE CONSEQUENCES AND OPTION OF ORGAN TRANSPLANTATION HAS BEEN EXPLAINED TO US.

SIGNATURE & ADDRESS OF RECIPIENT

SIGNATURE & ADDRESS OF DONOR

THE FACTS ARE VERIFIED BY THE PROCESSING PHYSICIAN.

Form – I (A) [Page 1 of 2]
(To be completed by the prospective related donor)
(See rule 3)

My full name is _____
and this is my photograph

Photograph of the Donor
(Attested by Notary Public)

To be affixed
and attested
by Notary
Public after it
is affixed

My permanent home address is _____
_____ Tel: _____

My present home address is _____
_____ Tel: _____

Date of birth _____ (day / month / year)

- Ration / Consumer Card number and Date of issue & place
..... (photocopy attached)
and /or
- Voter's I-Card number, date of issue, Assembly constituency
..... (photocopy attached)
and /or
- Passport number and country of issue
..... (photocopy attached)
and or
- Driving Licence number. Date of issue. licensing authority
..... (photocopy attached)
and /or
- PAN
(photocopy attached)
and /or
- Other proof of identity and address

I hereby authorize removal for therapeutic purpose consent to donate my (state which organ) to
my relative (specify son daughter father mother/brother/ sister), whose name is
..... and who was born on (day/month/year) and
whose particulars are as follows:

Photograph of the Recipient
(Attested by Notary Public)

To be affixed
and attested
by Notary
Public after it
is affixed

FORM I(A) [Page – 2]

- Ration Consumer Card number and Date of issue & place
..... (photocopy attached)
and or

- Voter's I-Card number, date of issue, Assembly constituency
..... (photocopy attached)
and /or
- Passport number and country of issue
..... (photocopy attached)
and /or
- Driving Licence number, Date of issue, licensing authority
..... (photocopy attached)
and /or
- PAN (photocopy attached)
and /or
- Other proof of identity and address

I solemnly affirm and declare that :

Sections 2, 9 and 19 of the Transplantation of Human Organs Act 1994 have been explained to me and I confirm that :

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my (organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my (organ). That explanation was given by (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

Signature of the prospective donor

Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/ persons swearing the affidavit(s) sign(s) on the Notary Register, as well.

FORM I(B) [Page – 2]

I submit the following as evidence of being married to the recipient : -

a) A certified copy of a marriage certificate

OR

b) An affidavit of a 'near relative' confirming the status of marriage to be sworn before Class-I Magistrate/ Notary Public.

c) Family photographs

d) Letter from member of Gram Panchayat / Tehsildar / Block Development Officer / MLA/ MP certifying factum and status of marriage.

e) Other credible evidence

I solemnly affirm and declare that :

Sections 2, 9 and 19 of the Transplantation of Human Organs Act 1994 have been explained to me and I confirm that :

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my (organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my (organ). That explanation was given by (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

Signature of the prospective donor

Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/ persons swearing the affidavit(s) sign(s) on the Notary Register, as well.

Form – I (C) [Page 1 of 2]
(To be completed by the prospective un-related donor)
(See rule 3)

My full name is _____
and this is my photograph

Photograph of the Donor
(Attested by Notary Public)

To be affixed
and attested
by Notary
Public after it
is affixed

My permanent home address is _____
_____ Tel : _____

My present home address is _____
_____ Tel : _____

Date of birth _____ (day / month / year)

- Ration / Consumer Card number and Date of issue & place
..... (photocopy attached)
and or
- Voter's I-Card number, date of issue, Assembly constituency
..... (photocopy attached)
and /or
- Passport number and country of issue
..... (photocopy attached)
and /or
- Driving Licence number, Date of issue, licensing authority
..... (photocopy attached)
and or
- PAN
(photocopy attached)
- and or
- Other proof of identity and address

I hereby authorize removal for therapeutic purpose/consent to donate my (state which organ) to
a person whose full name is and who was born on
..... (day/month/year) and whose particulars are as follows:

Photograph of the Recipient
(Attested by Notary Public)

To be affixed
and attested
by Notary
Public after it
is affixed

FORM I(C) [Page – 2]

- Ration / Consumer Card number and Date of issue & place
..... (photocopy attached)
and /or

- Voter's I-Card number, date of issue, Assembly constituency
..... (photocopy attached)
and /or
- Passport number and country of issue
..... (photocopy attached)
and or
- Driving Licence number, Date of issue, licensing authority
..... (photocopy attached)
and /or
- PAN (photocopy attached)
and /or
- Other proof of identity and address

I solemnly affirm and declare that :

Sections 2, 9 and 19 of the Transplantation of Human Organs Act 1994 have been explained to me and I confirm that :

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorization to remove my (organ) of my own free will without any undue pressure, inducement, influence or allurements.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my (organ). That explanation was given by (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

Signature of the prospective donor

Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/ persons swearing the affidavit(s) sign(s) on the Notary Register, as well.