

## **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 passport 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.

AUTHORISATION COMMITTEE FOR ORGAN TRANSPLANTATION, GOVT. OF. A.P., HYD.  
DOCUMENTS REQUIRED FOR RENAL TRANSPLANTATION

**RECIPIENT**

1. Application of the Recipient with signature duly forwarded by the Head/Administrator of the hospital concerned where the transplantation (surgery) is proposed.
2. Treatment Certificate issued by the treating doctors i.e. Nephrologist & Transplant Surgeon of the hospital concerned.
3. Recipient and Donor joint application (Form-10) duly affixing the passport size photos.
4. Relationship Certificate (if the recipient and donor are relatives) issued by the Mandal Revenue Officer (M.R.O.) and counter signed by the Revenue Divisional Officer (R.D.O.) concerned. MRO & RDO Should write their names in their own hand writing with Signature.
5. Residence Certificate (not less than the period of six (6) months) of the Recipient issued by the Mandal Revenue Officer (MRO) and countersigned by Revenue Divisional Officer (RDO) concerned. MRO & RDO Should write their names in their own hand writing with Signature.
6. Family Structure Certificate of the Recipient issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned or 1<sup>st</sup> class magistrate duly attesting the photographs of all the family members.(family structure should include self (recipient), father, mother, brother(s), sister(s), spouse, son(s) and daughter(s) with their name and age MRO & RDO Should write their names in their own hand writing with Signature.
7. Police verification certificate issued by not below the rank of Inspector of Police and counter signed by the Deputy Superintendent of Police (DSP)/Dy. Commissioner of Police concerned. CI & DSP should write their names with their own hand writing and Signature.
8. Blood group reports of the Recipient and his/her all the family members duly attested the photographs by the Blood Bank incharge of the hospital concerned.
  - a) Medical certificate, investigations, prescriptions, treatment certificate and old medical records, If any member is medically un-fit for kidney donation duly mentioning the specific disease and reasons.
  - b) If minor(s) in the family, proof of Age certificate or School Certificate
9. Notarized Affidavit of the recipient with photograph on Rs.10/- value non-judicial bond paper
10. Any two of the following permanent address proofs as mentioned in the application.
 

1. Election Voter Identity card	2. Ration card
3. Electricity bill	4. Telephone bill
5. Driving License	6. Pass port
11. Two spare pass port size photographs of the recipient.

**DONOR**

1. Application of the Donor and his/her next of kin with signatures and photos.
2. Residence Certificate (not less than the period of six (6) months) of the Donor issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned. MRO & RDO Should write their names in their own hand writing with Signature.
3. Family Structure Certificate of the Donor issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned or 1<sup>st</sup> class magistrate duly attesting the photographs of all the family members. (family structure should include self (donor), father, mother, brother(s), sister(s), spouse, son(s) and daughter(s) with their name and age. MRO & RDO Should write their names in their own hand writing with Signature.
4. Police verification certificate of the Donor issued by not below the rank of Inspector of Police and counter signed by the Deputy Superintendent of Police (DSP)/Dy. Commissioner of Police concerned. CI & DSP should write their names with their own hand writing and Signature.
5. Donor's blood group report duly attested photographs by the Blood Bank incharge of the hospital concerned.
6. Notarized Affidavit of the donor with photograph on Rs.10/- value non-judicial bond paper
7. Notarized Affidavit of next kin of the donor on Rs.10/- value non-judicial bond paper
8. Any two of the following permanent address proofs as mentioned in the application.
 

1. Election Voter Identity card	2. Ration card
3. Electricity bill	4. Telephone bill
5. Driving License	6. Pass port
9. Two spare pass port size photographs of the Donor.

**TREATMENT CERTIFICATE**  
(From Nephrologist and Transplant Surgeon)

This is to certify that Mr / Mrs / Miss \_\_\_\_\_  
S/o, D/o, W/o, H/o, Mr/Mrs/Miss \_\_\_\_\_  
residing at H. No. \_\_\_\_\_  
is suffering from End Stage Renal Disease due to \_\_\_\_\_.  
We have discussed with Mr/Mrs/Miss \_\_\_\_\_ (recipient) about  
the various modalities of treatment available for the management of End State Renal Disease.  
Mr / Mrs /Miss/ \_\_\_\_\_ has decided to undergo  
renal transplantation. We have screened his/her immediate family members based on the  
details of the family submitted by him/her. The immediate family members are not considered  
as prospective kidney donors for the following reasons.

No.	Name	Age	Relationship	Blood group	Reason
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Mr/Mrs/Miss \_\_\_\_\_ desires to have kidney  
transplantation with Mr./ Mrs./Miss \_\_\_\_\_  
S/o,D/o,W/o,H/o \_\_\_\_\_ H.No. \_\_\_\_\_  
\_\_\_\_\_ who is not an immediate biological  
family members as the kidney donor.

Contd.

We have discussed with Mr. /Mrs. /Miss \_\_\_\_\_  
(recipient) the possible outcome and complications of renal transplantation and the need to take regular medication life long to prevent rejection. He /she is also informed that long term results of kidney transplanted from an immediate relative are better than that transplanted from unrelated donor.

We have also discussed with Mr. / Mrs. / Miss \_\_\_\_\_  
(prospective donor) and his next of kin Mr/Mrs/Miss \_\_\_\_\_  
about the nature and complications of removing a kidney surgically and also the need to have regular health check up life long.

Signature of the Nephrologist  
Name in block letters & Seal

Date :

Signature of Transplant Surgeon  
Name in block letters & Seal

Date :

# FORM - 10

Where as I, \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_  
 aged \_\_\_\_\_ residing at (full address) H. No. \_\_\_\_\_  
 \_\_\_\_\_ have been informed by my treating  
 doctor that I am suffering from \_\_\_\_\_ and may be  
 benefited by transplantation of one kidney into my body.

Any where as I, \_\_\_\_\_ S/o, D/o., W/o \_\_\_\_\_  
 aged \_\_\_\_\_ residing at (full address) H.No. \_\_\_\_\_  
 \_\_\_\_\_ by reason of love, affection and  
 attachment because (Reason to be filled in ) \_\_\_\_\_ would  
 like to donate my one of kidneys to \_\_\_\_\_. We the  
 recipient and donor hereby apply to Authorization Committee for granting permission for such  
 transplantation to be carried out.

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

Signature of the  
 Prospective donor.

Donor Pass  
 port size  
 photo to be  
 pasted

Signature of the  
 prospective recipient.

Recipient Pass  
 port size  
 photo to be  
 pasted

**APPLICATION TO BE FILLED BY THE RECIPIENT**

(To be forwarded by the Hospital Administrator)

To  
The Chairman,  
Authorization Committee for Organ Transplantation,  
Govt. of A.P., Hyderabad.

Sir / Madam,

I, \_\_\_\_\_ S/o, D/o, W/o, H/o \_\_\_\_\_

residing at (full address) H.No. \_\_\_\_\_

\_\_\_\_\_ am suffering from End Stage Renal Disease

due to \_\_\_\_\_ . I am currently undergoing

treatment at \_\_\_\_\_ under the care

of Dr. \_\_\_\_\_ (Nephrologist). After considering all the treatment

options, I am advised to undergo kidney transplantation. Due to the following reasons my

immediate family members are not in a position to donate kidney for transplantation.

No.	Name	Age	Relationship	Blood Group	Reasons
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Contd.

Mr. /Mrs. / Miss \_\_\_\_\_  
S/o, D/o, W/o, H/o. \_\_\_\_\_ residing at  
(full address) H.No. \_\_\_\_\_  
\_\_\_\_\_ is willing to donate his/her kidney to me for  
the purpose of transplantation out of love and affection.

I request you to kindly consider my application for this purpose and do the needful.

Yours faithfully,

Place:  
Date :

(Recipient's signature & Name)

Forwarded by (signature) \_\_\_\_\_

Name of the Head/Administrator Hospital \_\_\_\_\_

Seal

(Here print the address to which the communication should be sent)

GOVERNMENT OF ANDHRA PRADESH  
(REVENUE DEPARTMENT)



SSID No.

Appln. No.

Date:

CERTIFICATE OF RESIDENCE

This is to certify that Sri/Smt/Kum \_\_\_\_\_  
S/o, D/o, W/o, H/o. \_\_\_\_\_, resident of H.No. \_\_\_\_\_,  
\_\_\_\_\_ Village/Street/Colony, \_\_\_\_\_ Mandal/Town,  
\_\_\_\_\_ District and is residing at the above address since last \_\_\_\_\_ years.  
In words \_\_\_\_\_.

This certificate is issued for the purpose of \_\_\_\_\_.

Signature of  
Mandal Revenue Officer  
Name & seal

Counter signed by  
Revenue Divisional Officer  
Name & seal



**FAMILY STRUCTURE CERTIFICATE OF THE RECIPIENT**  
**(Issued by M.R.O. & counter signed by R.D.O.)**

No.

Date:

Certified that Sri/Smt/Miss. \_\_\_\_\_

S/o,D/o,W/o,H/o. \_\_\_\_\_ residing at (full address)

H.No. \_\_\_\_\_, Village/Street/Colony, \_\_\_\_\_ Mandal/Town,

\_\_\_\_\_ District. His/Her family structure particulars are as follows.

No.	Name	Age	Relationship
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Note: If parents are no more late to be applied to their names.

If children are minors, age proof to be enclosed.

If he/she has no brothers, sisters and children etc. it should be mentioned in this family structure certificate.

Ex : He has no brothers / sisters/ children etc.

Signature of the  
Mandal Revenue Officer  
Name & seal

Counter signed by

Revenue Divisional Officer (RDO)  
Name & seal

**POLICE VERIFICATION CERTIFICATE OF THE RECIPIENT**

(Issued by C.I and counter signed by D.S.P.)

No.

Date:

We have verified the particulars of Sri. / Smt./ \_\_\_\_\_

S/o, D/o, W/o, H/o. \_\_\_\_\_ resident of (full address)

H.No. \_\_\_\_\_

His / Her family structure particulars are as follows:

No.	Name	Age	Relationship
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This certificate is being issued for the purpose of perusal of "Authorization committee for organ Transplantation"

<p>Recipient's pass port size photograph to be attested by CI/DSP</p>
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Signature of the recipient/  
Left Thumb Impression

Signature of the Inspector of Police  
Name & seal

Counter sign by the  
Dy. Supdt. of Police (D.S.P).  
Name & seal

## AFFIDAVIT TO BE FILED BY THE RECIPIENT

(To be printed on ten rupees value non judicial stamp paper duly attested by Notary)

I, \_\_\_\_\_ S/o, D/o, W/o, H/o \_\_\_\_\_  
 Residing at (full address) H.No. \_\_\_\_\_  
 \_\_\_\_\_ am suffering from  
 renal failure. My treating doctors Dr. \_\_\_\_\_ (Nephrologist) and  
 Dr. \_\_\_\_\_ (Urologist & Transplant Surgeon) of  
 \_\_\_\_\_ Hospital, \_\_\_\_\_ Hyderabad  
 advised me to undergo renal transplantation. Due to the reasons mentioned in the application  
 form, my immediate family members are not in a position to donate a kidney for my treatment.

Mr. / Mrs. / Miss \_\_\_\_\_ S/o, W/o, D/o \_\_\_\_\_  
 residing at (full address) H.No. \_\_\_\_\_  
 \_\_\_\_\_ is willing to donate his / her kidney to me for the purpose  
 of transplantation. He / She is donating his / her kidney purely out of love and affection to me  
 and there is absolutely no monetary transaction of any nature. I am fully aware that any  
 violation of the human Transplantation Act and any submission of my false statement to the  
 Appropriate Authority will make me liable for criminal prosecution.

I have been informed by my treating doctors about the various other alternative  
 modalities of treatment for End State Renal Disease and also about the possible complications  
 during surgery and post operation and about the need to take regular medication for the rest of  
 my life to prevent rejection kidney. I am also aware that the long term results are better if  
 donated by any other person. Having been explained about these problems in detail. I have  
 decided to undergo transplantation surgery with a kidney donated by Mr. / Mrs. / Miss  
 \_\_\_\_\_.

I am totally responsible for this decision and I will not hold any of the treating doctors  
 responsible for any controversy or litigation that may arise in future.

Signature and Name  
 of the Recipient

Recipient's  
 Pass pot size  
 photo to be  
 attested by  
 Notary

Witnesses:

1. Signature:  
 Name :  
 Full address:
  
2. Signature:  
 Name :  
 Full address:

## APPLICATION OF THE DONOR

Where as I, Sri/Mrs/Miss \_\_\_\_\_  
 S/o, D/o, W/o \_\_\_\_\_ age \_\_\_\_\_ years, Blood group \_\_\_\_\_  
 residing at (full address) H. No. \_\_\_\_\_  
 \_\_\_\_\_ by reason of love, affection and attachment because (reason to be filled in)  
 \_\_\_\_\_ and hence I would like to donate my one of kidney to  
 Sri/Mrs/Miss \_\_\_\_\_ S/o, D/o, W/o, H/o \_\_\_\_\_  
 residing at (full address) H.No. \_\_\_\_\_  
 \_\_\_\_\_ who is currently undergoing treatment at \_\_\_\_\_  
 Hospital, \_\_\_\_\_, Hyderabad under the care of  
 Dr. \_\_\_\_\_ (Nephrologist) and Dr. \_\_\_\_\_  
 (Transplantation Surgeon). My family structure particulars are as follows:

No.	Name	Age	Relationship
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Where as I, Mr/Mrs/Miss/ \_\_\_\_\_ S/o, D/o, W/o, H/o  
 \_\_\_\_\_ state that my \_\_\_\_\_  
 (relationship) has a desire to donate one of his / her kidney out of love and affection for the  
 purpose of transplantation to Mr/Mrs/Miss/ \_\_\_\_\_ S/o, D/o,  
 W/o, H/o \_\_\_\_\_ and I have no objection for his kidney  
 donation.

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

photo to be  
pasted with  
signature of  
the donor

photo to be  
pasted with  
signature of  
the next of  
kin of donor

Signature of the donor

Signature of next of kin of donor

GOVERNMENT OF ANDHRA PRADESH  
(REVENUE DEPARTMENT)



SSID No.

Appln. No.

Date:

CERTIFICATE OF RESIDENCE

This is to certify that Sri/Smt/Kum \_\_\_\_\_  
S/o, D/o, W/o, H/o. \_\_\_\_\_, resident of H.No. \_\_\_\_\_,  
\_\_\_\_\_ Village/Street/Colony, \_\_\_\_\_ Mandal/Town,  
\_\_\_\_\_ District \_\_\_\_\_ and is residing at the above address  
since last \_\_\_\_\_ years.  
In words \_\_\_\_\_.

This certificate is issued for the purpose of \_\_\_\_\_.

Signature of  
Mandal Revenue Officer  
Name & seal

Counter signed by

Revenue Divisional Officer  
Name & seal

**FAMILY STRUCTURE CERTIFICATE OF THE DONOR**

(Issued by M.R.O. &amp; counter signed by R.D.O.)

No.

Date:

Certified that Sri/Smt/Miss. \_\_\_\_\_

S/o,D/o,W/o,H/o.\_\_\_\_\_ residing at (full address)

H.No.\_\_\_\_\_ Village/Street/Colony,\_\_\_\_\_ Mandal/Town,

\_\_\_\_\_, District\_\_\_\_\_. His/Her family structure particulars

are as follows.

No.	Name	Age	Relationship
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Note: If parents are no more late to be applied to their names.

If children are minors, age proof to be enclosed.

If he/she has no brothers, sisters and children etc. it should be mentioned in this family structure certificate. Ex : He has no brothers / sisters/ children etc.

Signature of the  
Mandal Revenue Officer  
Name & seal

Counter signed by

Revenue Divisional Officer (RDO)  
Name & seal

**POLICE VERIFICATION CERTIFICATE OF THE DONOR**

(Issued by C.I and counter signed by D.S.P.)

Rc.No.

Date:

We have verified the particulars of Sri. / Smt./ \_\_\_\_\_

S/o, D/o, W/o, H/o. \_\_\_\_\_ resident of (full address)

H.No. \_\_\_\_\_, Village/Street/Colony \_\_\_\_\_,

Mandal/Town \_\_\_\_\_, District \_\_\_\_\_

His / Her family structure particulars are as follows:

No.	Name	Age	Relationship
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This certificate is being issued for the purpose of perusal of "Authorization committee for organ Transplantation"

<p>Donor's pass port size photograph to be attested by CI/DSP</p>
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Signature of the Donor

Signature of the  
Inspector of Police  
Name & seal

Counter signed by the

Dy. Supdt. of Police (D.S.P).  
Name & seal

### AFFIDAVIT TO BE FILED BY THE PROSPECTIVE DONOR

(To be printed on ten rupees value non judicial stamp paper duly attested by Notary)

I \_\_\_\_\_ S/o, D/o, W/o, H/o, \_\_\_\_\_  
 residing at (full address) H.No. \_\_\_\_\_  
 \_\_\_\_\_ here by affirm that  
 I wish to donate one of my kidney to Mr / Mrs / Miss \_\_\_\_\_  
 S/o, D/o, W/o, H/o \_\_\_\_\_ residing at (full address) H.No. \_\_\_\_\_  
 \_\_\_\_\_ as he / she is suffering  
 from End State Renal Disease. Presently he is under going treatment at  
 \_\_\_\_\_ hospital \_\_\_\_\_, Hyderabad under the care of  
 Dr. \_\_\_\_\_ (Nephrologist) and Dr. \_\_\_\_\_ (Urologist &  
 Transplant Surgeon). I am committing this act as an altruistic donation purely out of my love  
 and affection to Mr./Mrs./Miss \_\_\_\_\_.

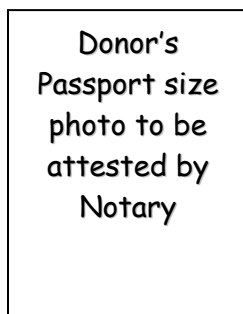
I here by state that there is absolutely no monetary transaction what so ever to influence  
 me in making this decision. I have discussed this matter in detail with my immediate family  
 members and next of my kin Mr/Mrs/Miss \_\_\_\_\_ who is my  
 \_\_\_\_\_ (relationship) has given his/her consent. An affidavit signed  
 by him/her allowing me to donate my kidney is also submitted.

I was fully explained by Dr. \_\_\_\_\_ (Nephrologist) and  
 Dr. \_\_\_\_\_ (Transplant Surgeon) about the nature of operation.  
 I understood that removing a kidney is major operation and involves certain risks that can occur  
 with any major surgery and anesthesia. I also understood that I will be left with only one kidney  
 after the operation and that I have to undergo regular health check-up for the rest of my life.  
 Having understood all these implications to Mr. / Mrs. / Miss \_\_\_\_\_

I am fully aware that any submission of wrong statement by me will make me liable for  
 criminal prosecution under the Human Organs Transplantation Act.

I am totally responsible for this decision and I will not hold any other person responsible for any  
 controversy or litigation that may arise in future.

Signature of the donor



Witnesses:

2. Signature:  
 Name :  
 Full address:

2. Signature:  
 Name :  
 Full address:



**AFFIDAVIT TO BE FILLED BY THE NEXT OF KIN OF THE DONOR**

(To be printed on ten rupees value non judicial stamp paper duly attested by Notary)

I, \_\_\_\_\_ S/o, D/o, W/o, H/o.  
 \_\_\_\_\_ residing at (full address) H. No. \_\_\_\_\_  
 \_\_\_\_\_ is the \_\_\_\_\_  
 (relationship) of Mr. / Mrs. / Miss \_\_\_\_\_.  
 My \_\_\_\_\_ (relationship) has a desire to donate one of his / her kidney out of love  
 and affection for the purpose of transplantation to Sri/Mrs/Miss \_\_\_\_\_  
 S/o, D/o, W/o, H/o \_\_\_\_\_ residing at(full address) H.No. \_\_\_\_\_  
 \_\_\_\_\_ who is currently  
 undergoing treatment at \_\_\_\_\_ Hospital, \_\_\_\_\_, Hyderabad.  
 under the care of Dr. \_\_\_\_\_ (Nephrologist) and  
 Dr. \_\_\_\_\_ (Urologist & Transplant Surgeon).

We were explained by the treating doctors about the nature of operation and the possible complications. We are aware that removing a kidney involves major surgery and anesthesia and this involves certain risks and complications. We are also aware that there is a need to have regular life long health check-up after the removal of one kidney. Having discussed all these matters with the rest of the family members . I Mr/Mrs/Miss \_\_\_\_\_ give my consent for my \_\_\_\_\_ (relationship) Mr / Mrs / Miss \_\_\_\_\_ to donate his/her kidney for the purpose of transplantation to Mr/Mrs/Miss \_\_\_\_\_. I affirm that there is no monetary transaction to influence the making of this decision and I am fully aware that submission of any false statement will make me liable for criminal prosecution, under the Human Organs Transplantation Act.

Signature and Name  
of the next kin of donor

Next kin of Donor's Pass port size photo to be attested by Notary
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Witnesses:

1. Signature:  
Name :  
Full address:
  
2. Signature:  
Name :  
Full address: