

GUIDELINES AND REQUIRED DOCUMENTS FOR PROCESSING THE APPLICATION OF LIVE DONOR ORGAN TRANSPLANTATION

- 1) Recipient and donor should apply to the Chairman, Authorization Committee, Jeevandan AP in Form-11 & treatment certificate given by the treating Nephrologist and Urologist and Transplant Surgeon / Liver Transplant Surgeon along with necessary documents for granting permission for 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 name, age and address.
- 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 / Liver Disease have been discussed with the recipient and also the possible long term results of transplantation.
- 5) The recipient should enclose a notarized affidavit on a Rs.10/- value non-judicial stamp paper for his / her 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 / her willingness to donate his / her kidney / Liver.
- 8) The donor's next of kin like father, mother, brother or sister in that order if unmarried and wife/husband & Children (major) 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 / Liver and he/she should be available at the time of interview / authorized committee 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 / her doctor, he / she has to apply to the committee from the hospital in which he / she 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) Incomplete / unsigned and application submitted without necessary documents and enclosures shall not be considered.

AUTHORISATION COMMITTEE FOR DONOR ORGAN TRANSPLANTATION,
GOVT. OF. A.P., VIJAYAWADA

DOCUMENTS REQUIRED FOR LIVE DONOR ORGAN TRANSPLANTATION

RECIPIENT:

- 1) Application of the Recipient with signature duly forwarded by the Head/Administrator of the hospital.
- 2) Treatment Certificate issued by the treating doctors i.e. Kidney / Liver Transplant Surgeon of the hospital concerned.
- 3) A letter addressed to the Chairman, AACT, Jeevandan AP for issue of the NOC requesting by the treating doctors i.e. Nephrologist & Transplant Surgeon / hospital authorities of the hospital concerned.
- 4) Recipient and Donor joint application in Form-11 must be submitted alongwith the completed Form 1 or Form 2 or Form 3 as may be applicable duly affixing the passport size photos with notary attestation.
- 5) Recipient and Donor joint application in Form-1 is to be submit in case of near realarive duly affixing the passport size photos with notary attestation.
- 6) Form - 4 to be submit for medical fitness of the donor and recipient issued by the treating doctors i.e. Nephrologist / Urologist & Transplant Surgeon of the hospital concerned.
- 7) Form - 2 to be submitted in case of spousal donor alongwith Wedding card / Marriage Photos / Marriage certificate.
- 8) In case of genetic relation Form - 5 to be submit along with genetic reports.
- 9) Recipient and Donor joint application in Form - 3 is to be submit incase of other than near relative duly affixing the passport size photos with notary attestation.
- 10) HLA and Cross match reports of the donor and recipient should be submitted.
- 11) Form - 16 / 17 (Registration/Renewal certificate for retrieval of organs of the concerned hospital) has to be submitted.
- 12) The team of the surgeons with their names has to be submit by the concerned hospital.
- 13) 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.
- 14) 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.
- 15) Family Structure Certificate of the Recipient issued by the Mandal Revenue Officer (MRO) and counter signed by the Revenue Divisional Officer (RDO) concerned or 1st 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.
- 16) 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.
- 17) Any family function (previous) photograph of the recipient and the donor has to be submitted.
- 18) 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 /Liver donation duly mentioning the specific disease and reasons.

- b) If minor(s) in the family, proof of Age certificate or School Certificate.
- 19) Notarized Affidavit of the recipient with photograph on Rs.10/- value non-judicial bond paper.
- 20) Notarized Affidavit of next kin of the recipient like father, mother, brother or sister in that order if unmarried. If married, wife / husband & Children (major) should also give a notarized affidavit on Rs.10/- value Non-judicial stamp paper.
- 21) Xerox copies of Aadhar card with signatures of the concerned (self attestation).
- 22) Any two of the following permanent address proofs as mentioned in the application.
- | | |
|---------------------------------|-------------------|
| a) Election Voter Identity card | b) Ration card |
| c) Electricity bill | d) Telephone bill |
| e) Driving License | f) Pass port |
- 23) 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 1st 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 like father, mother, brother or sister in that order if unmarried. If married, wife / husband & Children (major) should also give a notarized affidavit on Rs.10/- value Non-judicial stamp paper.
- 8) Xerox copies of Aadhar card with signatures of the concerned (self attestation).
- 9) 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 |
- 10) 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 / Liver 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 / Liver
Disease. Mr / Mrs /Miss _____ has decided to undergo
renal / liver 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 / liver donors for the following reasons.

Sl. No.	Name	Age	Relationship	Blood Group	Reason
1					
2					
3					
4					
5					
6					
7					
8					

Mr / Mrs /Miss _____ desires to have kidney / liver
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 / liver donor.

We have discussed with Mr. /Mrs. /Miss _____
(recipient) the possible outcome and complications of renal transplantation and the need to take regular
medication lifelong to prevent rejection. He /she is also informed that long term results of kidney / liver
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 lifelong.

Signature of the Nephrologist
Name in block letters & Seal

Signature of Transplant Surgeon
Name in block letters & Seal

Date:

Date:

FORM 11

APPLICATION FOR APPROVAL OF TRANSPLANTATION FROM LIVING DONOR
(To be completed by the proposed recipient and the proposed living donor)
[Refer rules 5(3)(d), 5(3)(e) and 10]

To be self
attested across
the affixed
photograph
without
disfiguring face

Photograph of the Donor

To be self
attested across
the affixed
photograph
without
disfiguring face

Photograph of the Recipient

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

And whereas I, _____ S/o, D/o, W/o
_____ aged _____ residing at (full address) H.No.
_____ by the following reason(s):-

a) by virtue of being a 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 Shri/Smt

we ----- (Donor) and -----
----- (Recipient).

hereby apply to competent authority/Authorisation Committee for such transplantation to be carried out.

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

Instructions of the applicants:-

- 1) Form 11 must be submitted along with the completed Form-1 or Form-2 or Form-3 as may be applicable.
- 2) The applicable Form i.e., Form-1 or Form-2 or Form-3 as the case 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- 5 must be submitted along with laboratory report.
- 4) The doctor's advice 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 competent authority / Authorisation 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) When the donor is unrelated and the donor and / or recipient belong to a State / Union Territory other than the State / Union Territory, where the transplant is intended to take place, then the Tehsildar or the officer authorised for the purpose of the domicile state of the donor or recipient as the case may be, would provide the verification certificate of domicile of donor / recipient, as the case may be as per Form - 20. The approval for transplantation is intended to be done. Such verification Certificate will not be required for near relatives including cases involving swapping of organs (permissible between near relative only).

We have read and understand the above instructions.

Signature of the prospective donor

Signature of the prospective recipient

.....

.....

Address for correspondence:

Address for correspondence:

Date:

Date:

Place:

Place:

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

FORM 1

**FOR ORGAN OR TISSUE DONATION FROM IDENTIFIED LIVING NEAR RELATED DONOR
(To be completed by him or her)**

(Refer rules 3 and 5(3)(a))

My full name (proposed donor) is
and this is my photograph.

Photograph of the Donor
(Attested by Notary Public across the photo
after affixing)



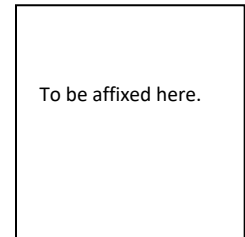
My permanent home address is
..... Tel:.....
My present address for correspondence is.....
..... Tel:.....
Date of birth..... (Day/month/year).

I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituencyand/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authorityand/or
- Permanent Account Number (PAN) and/or
- AADHAAR Noand/or
- Any other valid proof of identity and address reflecting near relationship

I authorize removal for therapeutic purposes and consent to donate my (Name of organ/tissue) to my relative (Specify son / daughter /father / mother /brother/ sister/ grand-father/grand-mother /grand-son /grand-daughter), whose particulars are as follows and name isand who was born on (day/month/month):

Photograph of the Recipient
(Attested by Notary Public across the photo
after affixing)



The copies of following documents of recipient are enclosed (attach attested photocopy of at least two relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituencyand/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authorityand/or
- Permanent Account Number (PAN)and/or
- AADHAAR No and/or
- Any other valid proof of identity and address reflecting near relationship

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 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 (name of organ/tissue) 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 (name of

organ)/tissue).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 the best of my knowledge and belief and nothing material has been concealed by me

.....

Date:

.....

Signature of the prospective donor
(Full Name)

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

FORM 3

FOR ORGAN OR TISSUE DONATION BY OTHER THAN NEAR RELATIVE LIVING DONOR

(To be completed by him/her)
(Refer rules 3, 5(3)(a) and 5(3)(e))

My full name is _____ and this is my photograph.

Photograph of the Donor
(Attested by Notary Public
across the photo after
affixing)



My permanent home address is _____
Tel: _____ My present address for correspondence is _____
_____ Tel: _____
date of birth _____ (day/month/year).

I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to prove your identity):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituencyand/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authorityand/or
- Permanent Account Number (PAN) and/or
- AADHAAR Noand/or
- Other proof of identity and address.....

Details of last three years income and vocation of donor (enclose documentary evidence.....
.....

I authorize removal for therapeutic purposes and consent to donate my
(Name of organ/tissue) 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 across the photo
after affixing)



(attach attested photocopy of at least two relevant documents to prove identity of recipient):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituencyand/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authorityand/or
- Permanent Account Number (PAN)and/or
- AADHAAR No 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 (42 of 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
(name of organ/tissue) of my own free will without any undue pressure, inducement, influence or allurement.

(P.T.O)

- 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 (name of organ/tissue). 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 the 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 the best of my knowledge and belief and nothing material has been concealed by me

.....
Date:

.....
Signature of the prospective donor
(Full Name)

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

FORM 2

**FOR ORGAN OR TISSUE DONATION BY LIVING SPOUSAL DONOR
(To be completed by him/her)**

(Refer rules 3, 5(3)(a) and 5(3)(d))

My full name (proposed donor) is

and this is my photograph.

Photograph of the Donor
(Attested by Notary Public across the photo
after affixing)



My permanent home address is

.....Tel:.....

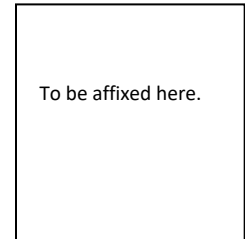
My present address for correspondence is.....

.....Tel:.....

Date of birth.....(Day/month/year).

I authorize removal for therapeutic purposes and consent to donate my (Name of organ/tissue) to my husband/wife whose particulars are as follows and name isand who was born on (day/month/month):

Photograph of the Recipient
(Attested by Notary Public across the photo
after affixing)



I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to indicate your near relationship):

- Ration/Consumer Card number and Date of issue and place and/or
- Voter's I-Card number, date of issue, Assembly constituencyand/or
- Passport number and country of issue and/or
- Driving License number, Date of issue, licensing authorityand/or
- Permanent Account Number (PAN) and/or
- AADHAAR No (Issued by Unique Identification Authority of India) and/or
- Any other valid proof of identity and address reflecting near relationship

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 Head of Gram Panchayat / Tehsildar / Block Development Officer/Member of Legislative Assembly/Member of Legislative Council (MLC)/Member of Parliament with seal certifying factum and status of marriage.

OR

- (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 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 (name of organ/tissue) 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 (name of organ)/tissue).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 the best of my knowledge and belief and nothing material has been concealed by me.....

.....
Date:

.....
Signature of the prospective donor
(Full Name)

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

FORM 4

**FOR CERTIFICATION OF MEDICAL FITNESS OF LIVING DONOR
(To be given by the Registered Medical Practitioner)**

[Refer proviso to rule 5(3)(b)]

I Dr possessing qualification of registered as medical practitioner at serial No. by the Medical Council certify that I have examined Shri/Smt/km S/o, D/o, W/o, Shri aged who has given informed consent for donation of his/her (Name of the organ) to Shri/Smt/Km who is a " near relative" of the donor / other than near relative of the donor and has been approved by the competent authority or Authorisation Committee (as the case may be) and it is certified that the said donor is in proper state of health, not mentally challenged* and is medically fit to be subjected to the produce of organ or tissue removal.

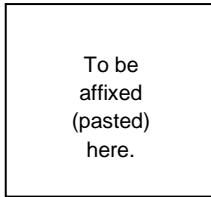
Place:

.....

Date:

Signature of the doctor

Seal



Photograph of the Donor
(Attested by doctor)



Photograph of the recipient
(Attested by the doctor)

The signatures and seal should partially appear on photograph and document without disfiguring the face in photograph.

*In case of doubt for mentally challenged status of the donor, the Registered Medical Practitioner may get the donor examined by psychiatrist.

FORM 5

FOR CERTIFICATION OF GENETIC RELATIONSHIP OF LIVING DONOR WITH RECIPIENT

(To be filled by the head of Pathology Laboratory certifying relationship)

[Refer rules 5(3)(c) and 18(3)]

I Dr./Mr./Miss working as
..... At and possessing
qualification of certify that Shri/Smt/Km
..... aged the donor and Shri/Smt/km
..... S/o, D/o, W/o Shri / Smt
aged the prospective recipient of the organ to be donated by the said donor are related to
each other as brother/sister/mother/father/son/daughter, grandmother, grandfather, grandson and
granddaughter as per their statement. The fact of this relationship has been established/not established
by the results of the tests for DNA profiling. The results of the tests are attached.

Place:

Date:

.....

Signature

(To be signed by the Head of the Laboratory)

Seal

APPLICATION TO BE FILLED BY THE RECIPIENT
(To be forwarded by the Hospital Administrator)

To
The Chairman,
AACT / Authorization Committee for Organ Transplantation,
Jeevandan,
Govt. of Andhra Pradesh,
Vijayawada.

Sir / Madam,

I, _____ S/o, D/o, W/o, H/o
_____ residing at (full address)
H.No. _____ am suffering from End Stage
Renal / Liver Disease due to _____. I am currently undergoing
treatment at _____ under the care of
Dr. _____ (Nephrologist / Liver Transplant Surgeon). After
considering all the treatment options, I am advised to undergo kidney / Liver transplantation. Due to
the following reasons my immediate family members are not in a position to donate kidney / Liver for
transplantation.

Sl. No.	Name	Age	Relationship	Blood Group	Reasons
1					
2					
3					
4					
5					
6					
7					
8					

Mr./Mrs./Miss _____
S/o. D/o, W/o, H/o. _____ residing at
(full address) H.No. _____
is willing to donate his/her kidney / liver 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.

Place:

Yours faithfully,

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 perusal of "Authorization committee for organ
Transplantation".

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.

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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:

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

This certificate is being issued for the purpose of perusal of "Authorization committee for organ Transplantation"

Recipient's
passport size
photograph to be
attested by
CI / DSP.

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 /liver failure. My treating doctors Dr. _____
(Nephrologist / Gastroentriologist) and Dr. _____
(Urologist & Kidney / Liver Transplant Surgeon) of _____
hospital _____ advised me to undergo renal / liver transplantation. Due
to the reasons mentioned in the application form, my immediate family members are not in a
position to donate a kidney / liver for my treatment.

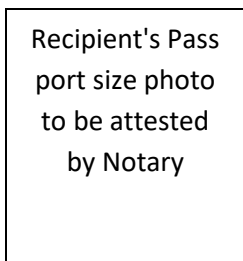
Mr./Mrs./Miss _____ S/o, W/o, D/o
_____ residing at (full address) H.No.

_____ is willing to donate his/her kidney / liver to me for the purpose of transplantation. He /She is
donating his/her kidney / liver 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 Stage Renal / Liver 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/liver. 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 / liver 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



Witness:

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 / liver 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, _____ under the care of Dr. _____
 _____ (Nephrologist / Gastroentriologist) and Dr. _____
 (Transplant Surgeon). My family structure particulars are as follows:

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Where as I, Mr/Mrs/Miss/ _____
 S/o,D/o,H/o _____ state that my
 _____ (relationship) has a desire to donate one of his / her
 kidney / liver 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 / her kidney / liver
 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 kin of donor

Signature of the donor

Signature of next 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 perusal of "Authorization committee for organ
Transplantation".

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. & 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.

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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.)

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:

Sl. No.	Name	Age	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

This certificate is being issued for the purpose of perusal of "Authorization committee for organ Transplantation"

Donor's passport
size photograph to
be attested by
CI / DSP.

Signature of the Donor
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 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. _____

hereby affirm that I wish to donate of my kidney / liver 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 Stage Renal / Liver Disease. Presently he/she is undergoing
treatment at _____ hospital _____
under the care of Dr. _____ (Nephrologist / Gastroenterologist) and
Dr. _____ (Urologist & Kidney / Liver Transplant
Surgeon). I am committing this act as an altruistic donation purely out of my love and affection
to Mr/Mrs/Miss _____.

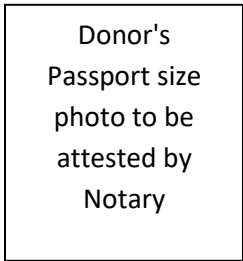
I here by state that there is absolutely no monetary transaction what so ever to influence
me in making this decision. I have discussed this matter in detail with my immediate family
members and next kin Mr/Mrs/Miss _____ who is
my _____ (relationship) has given his/her consent. An affidavit
signed by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

I was fully explained by Dr. _____ (Nephrologist
/ Gastroenterologist / concerned doctor) and Dr. _____
(transplant Surgeon) about the nature of operation. I understood that removing a kidney/liver 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 / liver 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 and Name
of the Donor



Witness:

1. Signature:

Name :

Full address:

2. Signature:

Name :

Full address: