



ARMED FORCES MEDICAL SERVICES



ARMED FORCES ORGAN RETRIEVAL AND TRANSPLANT AUTHORITY (AORTA)

Department of Gastroenterology, Level 5

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PLEDGE FOR ORGAN DONATION

Date

1. I, _____ self/son/daughter/wife of No _____ Rank _____

Name _____ Unit _____

hereby give my consent to donate my following organ(s) in the event of my brain death with the hope that it may save lives and / or restore their sight.

- | | |
|------------|----------------------|
| (a) Heart | (e) Pancreas |
| (b) Lungs | (f) Small bowel |
| (c) Liver | (g) Cornea |
| (d) Kidney | (h) Others (Specify) |

2. My Particulars

- (a) Date of Birth _____
- (b) Blood Group _____
- (c) Address _____
- _____
- _____

- (d) Tele / Mob No. _____
- (e) E-mail _____
- (f) Donor Card to be mailed/to be collected in person (please tick option)

Signature

Witness - I
(Signature)

Witness - II
(Signature)

Name _____
Address _____

Name _____
Address _____

(Please mail the completed form or deposit it at the reception desk of Department of Gastroenterology)