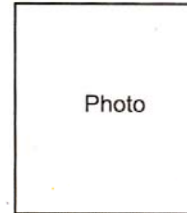




# ARMED FORCES MEDICAL SERVICES

## ARMED FORCES ORGAN RETRIEVAL AND TRANSPLANT AUTHORITY (AORTA)

Department of Gastroenterology, Level 5  
Army Hospital (R&R), Delhi Cantt - 110010  
Tele : 233-38133  
E-mail : aorta.ahrr@gmail.com



Photo

### PLEDGE FOR ORGAN DONATION

Date .....

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

Name \_\_\_\_\_ Unit \_\_\_\_\_

Official Address \_\_\_\_\_

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

2. My Particulars are as under :

- (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) \_\_\_\_\_

\_\_\_\_\_  
Witness - I  
(Signature)

\_\_\_\_\_  
Witness - II  
(Signature)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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