

DONOR INFORMATION

Name

Date of Birth Gender Age Blood Group

Address

Pin Code

Mother's Name

Father's Name

Occupation

Email

Mobile Number Alternate Number

I wish to donate the following organs/tissues for transplantation.

(Please tick against the appropriate entries)

Please tick as applicable

Organ(s): Heart Lungs Kidneys Liver Pancreas Intestine All

Tissue(s): Corneas/Eye Balls Skin Bones Heart Valves Blood Vessels All

NOTES:

(i) It is important that you discuss your decision with family members and loved ones so that it will be easier for them to follow through with your wishes.

(ii) The person making the pledge has the option to withdraw the pledge.

SAVRAM Volunteer's Name

EMERGENCY CONTACT PERSON

Name

Relationship

Phone Number

Donor's Signature

FOR OFFICE USE ONLY

DATE OF RECEIPT

DONOR CARD NO.

I-CARD DELIVERED ON