

MES Abasaheb Garware College, Karve Road, Pune – 411004

## Organ Donation Form

For Academic Year 20\_\_\_\_-20\_\_\_\_

Ref: Savitribai Phule Pune University Letter No- Vikama/2014-15/1027 Dated 26/02/2015

I .....

S/o,D/o,W/o .....

Aged.....Resident of .....

.....Tel. ....

Class: ..... Roll No.: .....

Hereby unequivocally authorize the removal of a) Any part or b) my Kidneys, Corneas, Heart, Lungs, Liver, Pancreas. (Delete as appropriate) may be used from my body after my death for therapeutic purpose.

Date:

Signature of the donor