



# Indian Medical Association

## MAHARASHTRA STATE

REGISTERED UNDER BOMBAY PUBLIC TRUST ACT 1950, NO. F-166 (PUNE)

IMA Mumbai West Building, 2<sup>nd</sup> Floor, J.R.Mhatre Marg, J.V.P.D. Scheme, Juhu, Mumbai – 400 049.

Tel. (022) 26232965 / 32231456 • Fax: (022) 26233890 • Cell No.: +91 981 981 2669

Email: [imamsmumbai@yahoo.co.in](mailto:imamsmumbai@yahoo.co.in) • Web: [www.imamaharashtrastate.org](http://www.imamaharashtrastate.org)

### ORGAN DONOR FORM

Date: .....

Regd. No.: .....

I, .....Son/Daughter/Wife/Husband of Mr/

Mrs. .... in the hope that I may help other hereby

make this anatomical gift, if medically acceptable, to take effect upon my brain death. I hereby

with to donate the following organs:

Hearts, Lungs, Kidneys, Liver, Corneas, Skin or Whole Body.

.....

.....

My blood group: .....

Special wishes, if any:

.....

.....

Signed by the donor in the presence of two witnesses:

\_\_\_\_\_

Signature of donor with date

\_\_\_\_\_

Date of birth of donor

Address of the donor: .....

.....

Telephone No:.....

1) \_\_\_\_\_  
Witness

2) \_\_\_\_\_  
Witness