



INDORE SOCIETY OF ORGAN DONATION

Application form for organ and body donation

Application form no.....

1. Name of the donor :

2. Father's Name :

3. Name of Spouse :

4. Age : 5. Gender: Female/ Male :

6. Full Address :

7. Have you taken the decision of organ donation and body donation voluntarily? ☐ Yes ☐ No

8. Which of your organs do you want to donate? ☐ eye donation ☐ skin donation ☐ body donation

9. Have you conveyed your desire to donate your body and organs to your family members, husband/wife/son/daughter/sister/brother and they have no objection after this? ☐ Yes ☐ No

10. Have you mentioned your voluntary body donation in your will, that my body should be given posthumously to the medical college?

☐ Yes ☐ No

11. Permanent address of the next of kin from where your dead body can be obtained.

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12. Telephone No:

13. Have you given consent to any hospital/doctor/institution after donating your eyes, if yes then their address

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14. Have you taken consent from your husband/wife/son/daughter? Attach consent form. ☐ Yes ☐ No

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Date:

Signatory

Name:

Addressee:

Consent letter from family

I son/daughter My (Body and organ donor Relation) Mr./Mrs./Miss father/husband Mr. I completely agree with the decision regarding body and organ donation. He has taken this decision voluntarily in his full senses. I have no objection to this decision.

Date :

Signature Donor

Name:

Addressee:



Vijay Social Welfare Society

Address:- B-57 LIG Colony RSS Nagar Indore (M.P.), Available 24x7 "Let's Do Good"

Email ID:- contactvijay.2017@gmail.com

vswsindore@gmail.com

Mobile Number:- +91 9300774806, +91 9303229658

Landline Number:- +91 7313546598