



For office use only

Member ID : .....

Donor ID : .....

# ZUBLEE FOUNDATION

encouraging organ donation



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## ORGAN PLEDGE FORM

This form is in accordance with the Transplantation of Human Organs Act 1994

Name : .....

Fathers Name : .....

Date of Birth : .....

Sex : ..... Blood Group : .....

Marital Status : Yes/No if Yes, Spouse Name : .....

Address : .....

.....

.....

**note** : please fill in the complete postal address as the pledge cards will be send by post

Email : ..... Contact No. ....

Organs to be pledged for transplant after my death : (Please tick [ ✓ ] on the appropriate boxes)

a. All my Organs and Tissue

b. My Corneas  Kidneys  Ear drums  Lungs  Liver  Pancreas   
Small bowel  Eyes  Heart valves  Heart  Skin  Bones

**Disclaimer** : As the family decision is the final decision when it comes to organ donation, we would be sending an intimation letter / email to your witness to inform them of your decision to gift lives to others even after death. It is necessary for one of the witnesses to be a close family members.

### Witness 1

Name : ..... Relationship : .....

Address : .....

.....

Contact No. .... Email : .....

### Witness 2

Name : ..... Relationship : .....

Address : .....

.....

Contact No. .... Email : .....

### TERMS & CONDITIONS

- I hereby unequivocally authorize the removal of my organ / organs, mentioned above from my body after my death for therapeutic purposes.
- I hereby confirm that I am aware of the importance of having the witness signature on the Pledge Card, and I take full responsibility for its implementation.
- I hereby confirm that all the above information is right and I choose to pledge my organs being in the sane state of mind.
- I accept all the terms and conditions.

Date : .....

Signature : .....

Place : .....

Name : .....