



**VOLUNTEER FOR ORGAN DONATION – CHENNAI  
Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Pin Code: \_\_\_\_\_

State: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail Id: \_\_\_\_\_

Institution: \_\_\_\_\_



Why do you want to participate in this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What qualities do you think you have to be a successful Student Volunteer for organ donation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I understand that, I will be expected to undergo 12 hours of training
- I understand that failure to attend all sessions will disqualify me from the training
- I understand that in order to complete the certification formalities, I need to conduct at least 2 public awareness sessions post my training under the supervision of MOHAN staff.

I agree to participate in this training.

Signature:

Date: