

To
The General Secretary,
Dadhichi Deh Dan Samiti,
W-99, Greater Kailash-I
New Delhi 110 048

Dadhichi Deh Dan Samiti

email : dehdan99@gmail.com
website: www.dehdan.org

Photo

Sub:- **BODY/ORGAN DONATION**

Dear Sir,

1. I wish to donate, after death, my organs for transplantation / my whole body in the cause of Humanity.
The following are the necessary particulars :-

Name : _____
Date of Birth :

D	D	M	M	Y	Y	Y	Y

 Sex _____ Blood Group _____
Father's/Husband's Name : _____
Mother's Name : _____
Address : _____
_____ Pin

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Occupation : _____
Cell _____ Ph. No.(Residence) _____ (Office) _____
e-mail _____
Other Relevant Information (Viz. Education, Office, Field of Special interest) _____

2. Do you wish to donate your whole body for therapeutic, educational and scientific purposes.
Yes ☐ No ☐

3. I wish to donate the following organs for transplantation. (Please tick against the appropriate entries):
(Body-donors are not required to answer this column)

(a) Eyes	☐
(b) Ear Drums & Ear Bones	☐
(c) Bones	☐
(d) Kidneys & Heart in the case of brain-stem death	☐
(e) If by the time of my death and with the advancement of science any other organ can be transplanted; such organ	☐

4. You need to have two witnesses of the will. One of the witnesses should be a near relative namely from amongst (i) Parents, (ii) Spouse, (iii) Children, (iv) Brother & (v) Sister. Name the witnesses in the following columns :

(i)	(a) Name	:	_____						
	(b) Full address	:	_____						
			_____ Pin <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
	(c) Relationship	:	_____ Signature _____						
(ii)	(a) Name	:	_____						
	(b) Full address	:	_____						
			_____ Pin <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
	(c) Relationship	:	_____ Signature _____						

5. You have to depute one person to give affect to your will after death. This person is called '**Executor**'. He can be a near relative also. Please name the Executor in the following column :-

Name

Full Address

_____ Pin

6. Please also supply three stamp size photos which are required for I card and other purposes, please write your name and address at the back of each photograph.
7. We shall also appreciate your donating sum of Rs. 150/- (One hundred Fifty Only) or more to cover expenses and for the help of the Samiti. The money may be paid in cash or by cheque, bank draft etc. drawn in the name of "**Dadhichi Deh Dan Samiti**"
8. The above form duly completed alongwith your photographs and the remittance should be delivered to "**Dadhichi Deh Dan Samiti**" at any of the following address (please do not send papers by registered post)

Dadhichi Deh Dan Samiti

*W-99 (LGF), Greater Kailash-I
New Delhi - 110 048*

9. The Samiti shall inform you with the date and place of its next Utsav for the execution of your will and delivery of your certificate and identity card. We request you to please attend the Utsav with witnesses of your will. It is not mandatory for the executor to be present at the time of the execution of will.
10. In case of any queries please call between 5.30 p.m. to 7.30 p.m. on any working day.
1. Alok Kumar 09810127735 2. Harsh Malhotra 09811106331 3. Ashok Ahuja 09555722489
4. Sudhir Gupta 09811598598 5. Mahesh 09811552996 6. Amit Kr. Singh 09582883432

DECLARATION

I, _____ do hereby declare that the above particulars are true to my knowledg. I request **Dadhichi Deh Dan Samiti** to draw my will for the donation after my death the organs of my body for transplantation / of my whole body.

Date:

Signature

Motivator's name and Address

_____ Pin
Phone: Res _____ Off. : _____
Cell : _____
e-mail : _____

for office use only

1. Date of receipt of this Form
2. Receipt No. and particulars
3. Donor no.
4. Will delivered on
5. I-card & Certificate delivered on.

