



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

Name: _____

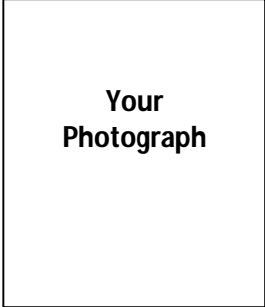
Address: _____

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: