



JEEVANDAN
Cadaver Transplant Programme
State Government Scheme



Donor Registration Form

Please complete this form to enable us to add your details in the Organ Donor Registry. (write in black letters only)

Your Personal details:

Name :
Surname :
Father Name :
Date of Birth :
Age : Sex: Male Female
Blood Group :
Occupation :

Your contact details:

Address :
Pin Code :
Email Address :
Mobile Number (Self):
Relative Name :
Relation :
Mobile Number (Relative):

Medical Details:

Hypertension :
Diabetes :
Is any other illness:

Your Wishes:

I want to donate the organs for transplantation after my death:

Liver Kidney Heart Pancreas Lungs

Donor Signature