



JEEVANDAN
(CADAVER TRANSPLANTATION PROGRAMME Govt.of Telangana)
 Andhra Pradesh Transplantation of Human Organs act 1995
APPROPRIATE AUTHORITY FOR CADAVER TRANSPLANTATION (AACT)

FORM-9
(See rule 4(3)(b))

I,Shri/Smt.....S/o,Do,W/o,H/o,.....

.....Blood Group.....Resident of.....

.....hereby authorizeRemoval of the organ/organs, namely.....For therapeutic

purpose from the dead body of my son/daughter/W/o,H/o,.....

Aged..... Blood Group.....Whose brain-stem death has been duly certified in accordance with the law.

Place.....

Date.....

Signature

Name.....

Address.....

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