



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

FORM-7
(See rule 4(2)(B))

I,Mr./Mrs./Miss.....
having lawful possession of the dead body of Mr./Mrs./Miss.....
Son of /daughter of/wife of/Husband of.....Aged.....
Blood GroupResident of

.....
 After having known that no objection was expressed by the deceased to any of his human organs being used after his death for therapeutic purposes and having reason to believe that no near relative of the deceased person has objection to any of the deceased person’s organs being used for therapeutic purpose, hereby authorized the removal of deceased’s organ, namely.....
 for therapeutic purposes.

Signature

Name.....

Address.....

.....

.....

Time.....

Date.....