



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

**FORM 8**  
[See rule 4(3) (a) and (b) of the THO Rules 1995]

We, the following members of the Board of medical experts after careful personal examination, hereby certify that **Shri/Smt./Km.....aged about**  
..... **s/o, d/o, w/o,.....resident of**  
.....

Is dead on account of permanent and irreversible cessation of all functions of the brain-stem.

The tests carried out by us and the findings therein are recorded in the brain-stem death Certificate annexed hereto.

**Dated .....**

**1. In charge of the hospital in which  
Brainstem panel of names approved  
By death has occurred**

**2. Nominated from the  
Appropriate Authority**

**3. Neurologist / Neuro-Surgeon  
Nominated from the panel  
Of Deceased person**

**4. Treating the aforesaid  
Names approved by the  
Appropriate Authority**