

P- 584185

FORM 6

For spousal living donor

(to be filled by competent authority* and Authorisation Committee, of the hospital or district or state in case of foreigners)

[See rule 18(2)]

I, Dr./Mr./Mrs/Miss. Dr. Sanjay Sharma, possessing qualification of DM Gastroenterology registered as medical practitioner at serial No. MCI/4016 by the Medical Council of India Medical Council, certify that:-

Mr. Ramesh chand S/o Dr. Kishori Lal aged 45 resident of Tundla Post kotki, Vill kotki and Mrs. Vandana kushwaha D/o, W/o Ramesh chand aged 40 resident of W/ll-kotki Post kotaki Tundla are related to each other as spouse according to the statement given by them and their statement has been confirmed by means of following evidence before effecting the organ removal from the body of the said Shri/Smt. Vandana kushwaha (Applicable only in the cases where considered necessary).

OR

In case the Clinical condition of Shri/Smt. NA mentioned above is such that recording of his/her statement is not practicable, reliance will be placed on the documentary evidence(s). (mention documentary evidence(s) here).....

- a. Marriage certificate indicate date of marriage
- b. Marriage photographs
- c. Date when transplantation was advised by the hospital (to be compared with duration of marriage):
- d. Number and age of children and their birth certificates
- e. Any other document

1. Dr. Sanjay Sharma
Chairman

Signature [Signature]

4. Mrs. Rina Singh
Member

Signature



2. Dr. Praveg Goyal
Member

Signature

5. Mr. Radhakrishan Gupta
Member

Signature [Signature]



3. Mr. Suresh Tyagi
Member

Signature [Signature]



Signature of competent authority*/Authorisation committee in case of foreigners along with

Place Agra

Date 23/07/24

*Director or Medical Superintendent or In Charge of the hospital or the internal committee of the hospital formed for the purpose as defined under the rules of Transplantation of Human Organ Act, 1994(42 of 1994).