

FORM 19

Certificate by competent authority [as defined at rule 2(c)] For Indian near relative, other than spouse, cases (In case of spousal donor, Form 6 will be applicable)

[See rule 5(3)(c)]

(Format for the decision of Competent Authority)

This is to certify that as per application in Form-11 for transplantation of kidney (Name of Organ or Tissue) from living donor who is a near relative of the recipient under the Transplantation of Human Organs Act, 1994(42 of 1994), submitted on 10/11/25..... by the donor and recipient, whose details and photographs are given below, along with their identifications and verifications documents, the case was considered after the personal interview of donor and recipient (if medically fit to be interviewed) by the competent authority in the meeting held on

Details of Recipient

Name: Devesh Varshney

Age: 1 year 11 months 19 days

Sex: M

Father or Husband Name

Mukesh Varshney

Address:

World No. 1, Hemu St

Hospital Reg. No. P-782688

of donor with Recipient

Details of Donor

Name: Anjali Devi

Age: 40/f

Sex: f

Father or Husband name.....

Mukesh Varshney

Address:

Sabwa

Hospital Reg. No. P-791928 Relation



(P) nor must be signed and stamped across t
Pe to the best of knowledge of the members of the committee, donation is out of their being near relative and there is no financial transaction between recipient and donor and there is no pressure on / coercion of the donor. Permission is withheld pending submission of following documents.....

Permission is not granted for the following reasons..... permission granted.....

1. Dr. Sanjay Sharma
(Chairman)

Signature

4. Mrs. Rina Singh
(Member)

Signature

2. Dr. Praveg Goyal
(Member)

Signature

5. Mr. Radhakrishan Gupta
(Member)

Signature

3. Mr. Suresh Tyagi
(Member)

Signature



Date and place..... Aggra, Synergy

(Signature and stamp of competent authority)