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**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. Sanjay Sharma, possessing qualification of DM Gastroenterology registered as medical practitioner at serial No. \_\_\_\_\_ by the Medical Council of India Medical Council, certify that:-

Mr. Abhishek Agrawal S/o. Dr. Vishnu Agrawal aged 44 resident of \_\_\_\_\_ and Mrs. Rashmi Agrawal D/o, W/o Vijay Patel aged 44 resident of \_\_\_\_\_ 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/ Rashmi Agrawal (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

2. Dr. Praveg Goyal  
Member

Signature

3. Mr. Suresh Tyagi  
Member

Signature

4. Mrs. Rina Singh  
Member

Signature

5. Mr. Radhakrishan Gupta  
Member

Signature



*permission granted*

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

Place 11/2/25

Date Agrow, Synergy Plus Hospital

\*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).