

Manav Adhikar Protection Organisation, India

B-1202, G.D.Farms, Mayur Vihar-III, Delhi-110096. Helpline:09810530449
www.manavadhikarprotection.org

Donor 's Affidavit/Application Form

Country

First Name

Last Name

Age

Sex

I.....wish to donate my

A) Full Body

B) Corneas

Kidneys

Heart

Lungs

Liver

Pancreas

Address

City

State

Email

Mobile/Phone

ID No.....



Self Attested

Attachments: ID Proof..... Address Proof.....

Emergency Contact Person Details:-

Name

Relationship

Address

City

State

Email

Mobile/Phone

I hereby declare that I am self-motivated for the above cause and after my death my next kin will support the cause and will fulfill my wish.

Signature

Dated: