

How to pledge for organ donation: Form 7

SOTTO-U. P Website



राज्य अंग एवं ऊतक प्रत्यारोपण संगठन - उत्तर प्रदेश

State Organ & Tissue Transplant Organization [SOTTO-U. P.]



Office : Department of Hospital Administration, SGPGIMS, Lucknow, U. P. , India

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Thank you for choosing to pledge for Organ donation. It is really a valuable contribution towards the noble cause. by filling up this form (via any one of the above mentioned mode) you are consenting to pledge & contributing towards humanity. Form 7 is a legal document prescribed in THOTA 2014, in which a person can pledge to donate their tissue/tissues &/or organ/organs after death. kindly fill out the form /online pledge completely especially where * is present.

अंगदान का संकल्प लेने के लिए धन्यवाद। यह वास्तव में नेक कार्य के लिए एक बहुमूल्य योगदान है। इस फॉर्म को भरकर (उपर्युक्त किसी भी माध्यम से) आप प्रतिज्ञा लेने और मानवता के प्रति योगदान देने के लिए सहमति दे रहे हैं। फॉर्म 7 THOTA 2014 में निर्धारित एक कानूनी दस्तावेज है, जिसमें कोई व्यक्ति मृत्यु के बाद अपने ऊतक/ऊतकों और/या अंग/अंगो दान करने की प्रतिज्ञा कर सकता है। कृपया फॉर्म/ऑनलाइन प्रतिज्ञा को पूरी तरह से भरें, खासकर जहां * मौजूद हो।

Pledge Now

PLEDGE NOW

QR Code PDF Form Online Pledge

QR Code

Important Websites




महानिदेशालय
चिकित्सा शिक्षा एवं प्रशिक्षण,
उत्तर प्रदेश

QR Code




After opening the QR Code



STATE ORGAN & TISSUE TRANSPLANT ORGANISATION
Uttar Pradesh

Donate Organs, Save Lives



FORM 7 - For Organ & Tissue Donation Pledging

Note:

1. To be filled by individual of age 18 year or above.
2. Let your family know that you have pledged as an Organ Donor, so that it will be easier for them to follow through with your wishes.
3. You will receive your Organ Donor's Card on the email id submitted by you.
4. Organ donation is a family decision. Therefore, it is important that you discuss your decision with family members and loved ones so that it will be easier for them to follow through with your wishes.
5. The Person making the pledge has the option to withdraw the pledge.

The name and photo associated with your Google account will be recorded when you upload files and submit this form. Your email is not part of your response.

* Indicates required question

Pledger Signature

[Add file](#)

Full Name *


Your answer

Father's / Husband Name *

Your answer

Date of Birth *

Date



After opening the QR Code

Permanent Address *


Your answer

Correspondence Address *

Your answer

Choose the Organs you wish to Donate *

- Heart
- Lungs
- Kidney
- Liver
- Pancreas
- Intestine
- All Organs
- None of the Above



Choose the Tissues you wish to Donate *

- Corneas
- Skin
- Bones
- Heart Valves
- Blood Vessels
- All Tissues
- None of the Above

Blood Group (If Known)

Your answer

Mobile Number *

Your answer

Email Id *

Your answer



After opening the QR Code

Blood Group (If Known)

Your answer

Mobile Number *

Your answer

Email Id *

Your answer

The Witness to this declaration is

Your answer

State the relation with the witness

Your answer

Next of Kin's Name *

Your answer

Age *

Your answer

Mobile Number *

Your answer

How did you come to know about Organ Pledging?

Choose

Submit **Clear form**

Never submit passwords through Google Forms.

PDF Format of Form 7

[PLEDGE NOW](#)

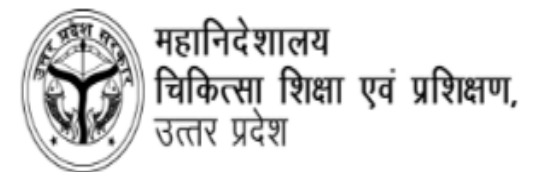


PDF Form

Online Pledge

PDF Form

Important Websites



Form 7

FORM 7

FOR ORGAN OR TISSUE PLEDGING

(To be filled by individual of age 18 year or above)

{Refer rule 5(4)(a)}

ORGAN(S) AND TISSUE(S) DONOR FORM

(To be filled in triplicate)

Registration Number (To be allotted by Organ Donor Registry).....

I,.....S/o,D/o,W/o.....

aged.....and date of birth.....resident of

in the presence of persons mentioned below hereby unequivocally authorise the removal of following organ(s) and/or tissue(s), from my body after being declared brain stem dead by the board of medical experts and consent to donate the same for therapeutic purposes.

Form 7

Please tick as applicable

- Heart
- Lungs
- Kidneys
- Liver
- Pancreas
- Any Other Organ (Pl. specify).....
- All Organs
- My blood group is (if known).....

(Following tissues can also be donated after brain stem death as well as cardiac death)

- Corneas/Eye Balls
- Skin
- Bones
- Heart Valves
- Blood Vessels
- Any other Tissue (Pl. specify)
- All Tissues

Signature of Pledger.....
Address for correspondence.....
Telephone No.....
Email :
Dated:.....

Form 7

(Note: In case of online registration of pledge, one copy of the pledge will be retained by pledger, one by the institution where pledge is made and a hard copy signed by pledger and two witnesses shall be sent to the nodal networking organisation.)

(Signature of Witness 1)

1. Shri/Smt./Km.....S/o,D/o,W/o.....aged.....resident
of.....Telephone No.....
Email:.....

(Signature of Witness 2)

2. Shri/Smt./Km.....S/o,D/o,W/o.....aged.....resident
of.....Telephone No.....
Email:..... is a near relative to the donor as

Dated.....

Place

Form 7

Note:

- (i) Organ donation is a family decision. Therefore, it is important that you discuss your decision with family members and loved ones so that it will be easier for them to follow through with your wishes.
- (ii) One copy of the pledge form/pledge card to be with respective networking organisation, one copy to be retained by institution where the pledge is made and one copy to be handed over to the pledger.
- (iii) The person making the pledge has the option to withdraw the pledge.

Online Pledge

[PLEDGE NOW](#)

QR Code

PDF Form

Online Pledge


Pledge Form 7

Name* (As it appears on government issued identity card)

Mother's/Father's Name/Spouse's

Current Residential Address*

Online Pledge

City	District	State
<input type="text" value="City"/>	<input type="text" value="District"/>	<input type="text" value="State"/>
PIN Code	Mobile Number*	Occupation
<input type="text" value="PIN Code"/>	<input type="text" value="Mobile Number"/>	<input type="text" value="--- Select ---"/>
<p><i>Please ensure your email address is correct to receive your donor card.</i></p>		
Email*	Date Of Birth(DD/MM/YYYY)	Age
<input type="text" value="Email"/>	<input type="text" value="dd-mm-yyyy"/> 	<input type="text" value="Age"/>
<p><i>For below 18 year, parent consent is mandatory.</i></p>		
Gender	Blood Group	Emergency Contact Name
<input type="text" value="---Select---"/>	<input type="text" value="---Select---"/>	<input type="text" value="Emergency Contact Name"/>
Emergency Contact Number.	Emergency Contact Address	
<input type="text" value="Enter Emergency Contact Number"/>	<input type="text" value="Emergency Contact Address"/>	

Online Pledge

Choose Identity Card

 ▼

Enter Identity Card Number

Organs that I wish to donate : All Organs

Kidneys

Heart

Lungs

Liver

Pancreas

Small Intestine

Any Other Organ [Please Specify]

Tissues that I wish to donate : All Tissues

Corneas (Eyes)

Skin

Bones

Heart Valves

Blood Vessels

Any Other Tissue [Please Specify]

Upload Digital Signature :

No file chosen

Online Pledge

Witness 1:

Name

S/O, D/O, W/O, H/O

Age

Address

Phone

Email

Social Media Profile Link

Witness 2:

Name

S/O, D/O, W/O

Age

Address

Phone

Email

Where did you hear about us



Online Pledge

Social Media Profile Link

Where did you hear about us

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Submit

Thank you and have a nice day ahead
of you