

**Regional cum State Organ and Tissue Transplant Organisation (ROTTOSOTTO)**K.E.M. Hospital & G.S. Medical College, New Building, 7th Floor,
Acharya Donde Road, Parel, Mumbai, 400012, Maharashtra.

Email: rottosottoatkemhosp@gmail.com Tel.: +91 022 24107738 / 24107739, +91 7021932447

**National Organ and Tissue Transplant Organisation (NOTTO)**Website: <http://www.notto.gov.in> • NOTTO Toll free helpline: 1800114770**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)**..... 1519I, Minal Samir Kulkarni S/o, D/o, Spouse/o W/o Samir Kulkarni
aged. 50 and date of birth. 29-12-1975 resident of. Nagala Park opp. VCK
Kolhapur-416003

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.

Please tick as applicable

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

Heart	<input checked="" type="checkbox"/>
Lungs	<input checked="" type="checkbox"/>
Kidneys	<input checked="" type="checkbox"/>
Liver	<input checked="" type="checkbox"/>
Pancreas	<input type="checkbox"/>
Hands	<input type="checkbox"/>
Any Other Organ (Pl. specify)	<input type="checkbox"/>
All Organs	<input type="checkbox"/>

Corneas/Eye Balls	<input checked="" type="checkbox"/>
Skin	<input type="checkbox"/>
Bones	<input type="checkbox"/>
Heart Valves	<input type="checkbox"/>
Blood Vessels	<input type="checkbox"/>

My blood group is (if known). A +ve

Any other Tissue (Pl. specify)

All Tissues

Signature of Pledger.....
Address for correspondence.....
Telephone No. 9422518138
Email : minskpt@rediffmail.com
Dated: 04-01-2026

(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./Kum. Samir Kulkarni S/o,D/o, Spouse/o .. S/o Diwakar Kulkarni aged 52 resident of Nagala Park opp. VCK, , Kolhapur -416003

Telephone No. 9822066474

Email: Lookforsamir@gmail.com is a near relative to the donor as Husband

(Signature of Witness 2)

2. Shri/Smt./Kum. Tanushree Kulkarni S/o,D/o, Spouse/o..... D/o Samir Kulkarni aged .21..... resident of Nagala Park, , Kolhapur-416003

Telephone No. 9422518138

Email: Minkul29@gmail.com

Dated. 04-01-2026

Place ..Kolhapur

Note:

- 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.
- 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.