



JEEVANDAN
(CADAVER TRANSPLANTATION PROGRAMME Govt.of Telangana)
 Andhra Pradesh Transplantation of Human Organs act 1995
APPROPRIATE AUTHORITY FOR CADAVER TRANSPLANTATION (AACT)

FORM-6
(See rule 4(2) (b))

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

Aged **Blood Group****Resident of**.....

.....

having lawful possession of the dead body of Shri/Smt/Km

S/o,D/o,W/o,H/o**Aged**..... **Blood Group****Resident of**

.....

having known that the deceased has not expressed any objection to his/her organ/organs being removed for therapeutic after his/her death and also having reasons to believe that no near relative of the said deceased person has objection to any of his/her organs being used for therapeutic purposes, authorize removal of his/her body organs,

Namely,

Dated.....

Place.....

Signature

Person in lawful possession of the dead body

Name

Address.....

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