



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

**Form-B**  
**Forensic Intimation Form**

From,

Medical Officer,

\_\_\_\_\_ Hospital;

To,

Forensic Medical Officer,

----- Hospital;

Address: \_\_\_\_\_

Sir,

Sri/Smt ----- aged ----- years of -----

-----  
(Address) sustained injuries (details) and was admitted in -----

Hospital on ----- (dd/mm/yy).

2. The near relatives of the patient have expressed a positive inclination to donate the organs of the patient in the event of the patient's Brain death. The Braine Death Certification has been done, as per the Transplantation of human Organs Act, 1994(The Transplantation of Human Organs Rules, 1995, Bare Act)

at-----on-----

3. You are requested to immediately come to the hospital in order to conduct the post mortem examination and carry out necessary procedures to enable the Cadaver Organ donation under jeevandan Scheme.

Yours faithfully,

**Copy to:-**

Director of Medical Education  
HOD, Department of Forensic

SECTION OFFICER