FORM 19

CERTIFICATE BY COMPETENT AUTHORITY

[as defined at rule 2(c)] For Indian near relative, other than spouse, cases (In case of spousal donor, Form 6 will be applicable) [Refer rule 5(3)(c)]

(Format for the decision of Competent Authority)

This is to certify that as per application in Form-11 for transplantation of ***Kidney*** *(Name of Organ or Tissue) from living donor who is a near relative of the recipient under the Transplantation of Human Organs Act, 1994(42 of 1994), submitted on* 12/06/2026 *by the donor and recipient, whose details and photographs are given below, along with their identifications and verifications documents, the case was considered after the personal interview of donor and recipient (if medically fit to be interviewed) by the competent authority in the meeting held on* 16/06/2026

Details of Recipient

Name – [redacted]
Age/Sex – [redacted]
S/o– [redacted]
Address: [redacted]
Bulandshahr, Uttar Pradesh - 203203
Hospital Reg. No. 73048

Details of Donor

Name – [redacted]
Age/Sex - [redacted]
S/o – [redacted]
Address: [redacted]
Bulandshahr, Uttar Pradesh - 203203
Hospital Reg. No. 5716

Relation of Donor with Recipient: - Brother

Recipient

[redacted]

Donor

[redacted]

(Photo of recipient and donor must be signed and stamped across the photo after affixing)

Permission is granted*, as to the best of knowledge of the members of the committee, donation is out of love and affection and there is no financial transaction between recipient and donor and there is no pressure on / coercion of the donor.*

Permission is withheld pending submission of the following documents.....

Permission is not granted for the following reasons.....

DR. SHASHI ARORA
Yashoda Hospital
Member

DR. ANUPAM BANSAL
Member

DR. ARUN GUPTA
Member

DR. AMIT VIKRAM
Additional CMO, (Ghaziabad)
Member

DR. LALIT JAISWAL
Chief Warden –Civil Defense
Member

CMO Ghaziabad
Chairman-Authorization Committee

Date & Place: 16/06/2026
CMO office,
Sanjay Nagar,
Ghaziabad, U.P