

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)

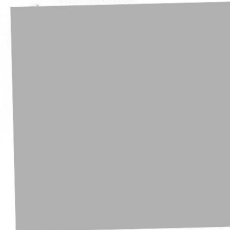
This is to certify that as per application in Form-11 for transplantation of **Kidney** (Name of Organ or Tissue) from living donor who is a near relative of the recipient under the Transplantation of Human Organs Act, 1994(42 of 1994), submitted on 12.10.2026 by the donor and recipient, whose details 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 16.10.2026

Details of Recipient

Name - 
Age/Sex - 
S/o - 
Address: 
Bulandshahr, Uttar Pradesh - 203203
Hospital Reg. No. 73048
Relation of Donor with Recipient: - Brother

Recipient**Details of Donor**

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

Donor

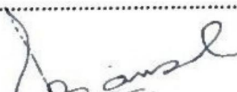
(Photo of recipient and donor must be signed and stamped across the photo after affixing)

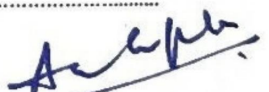
☒ **Permission is granted**, as to the best of knowledge of the members of the committee, donation is out of love and affection and there is no financial transaction between recipient and donor and there is no pressure on / coercion of the donor.

☐ **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: 16.10.2026
CMO office,
Sangam Nagar,
Ghaziabad, U.P.