



STATE LEVEL AUTHORIZATION COMMITTEE OF DELHI
MAULANA AZAD MEDICAL COLLEGE

2, B.S.Z. Marg, New Delhi-02

Case No. 423

FORM-18

This is to certify that as per application in form-11 for transplantation of **One Kidney** (Name of Organ/tissue) from **living donor**, Near Relative/**other than near Relative**/swap donation case/all Indian under the Transplantation of Human Organs Act, 1994 (42 of 1994) submitted on 10.11.2022 by the donor and recipient, whose details and photographs are given below, along with their identifications and verification documents, the case was considered after the personal interview of donor, recipient and their relatives as applicable by the Authorization Committee in the meeting held on **Monday, 22nd November, 2022.**

Details of Recipient	Details of Donor
Name: Mr. Bablu	Name: Ms. Mukesh
Age: 26 yrs, Male.	Age: 51 yrs., Female.
Father's Name: Sh. Krishan	Husband's Name: Mr. Ashok Kumar
Address: Jagsi, 23, Sonipat, Haryana,	Address: 229, Bhainsru Khurd (31), Rohtak,
Pin-131301	Haryana, Pin-124501
Nationality- Indian	Nationality- Indian.

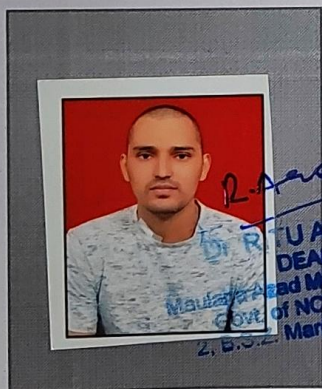
Recipient Hospital Reg. No: SHBG 454396

Donor Hospital Reg. No: SHBG 466257

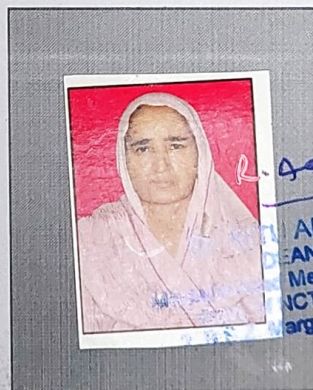
Hospital Name- **Max Super Speciality Hospital, Shalimar Bagh, New Delhi-110088.**

Relationship between Recipient and Donor.

Donor is the real sister of Recipient's Mother.



Recipient



Donor

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

R. Arora
22/11/22

Arora

Mukesh

Meera

R. Arora

Arora