

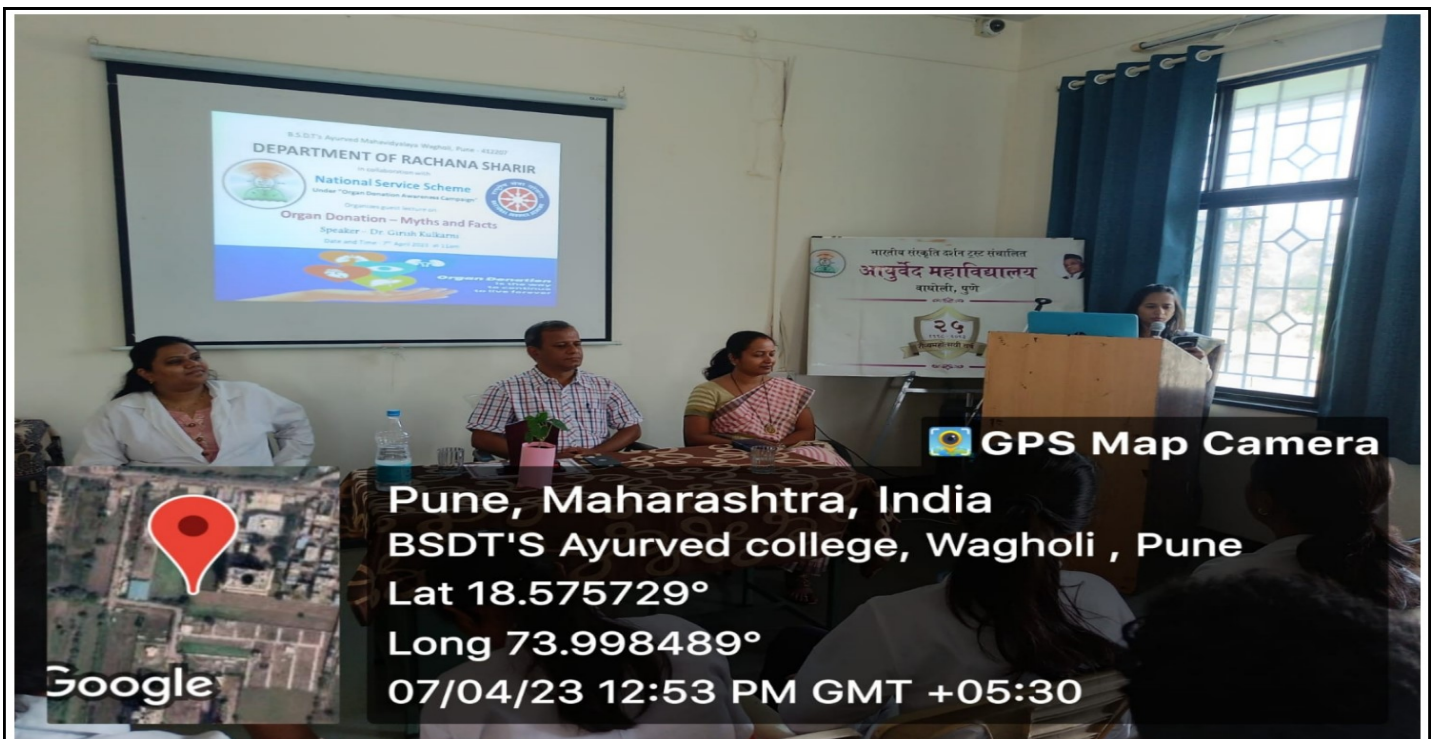
B.S.D.T's Ayurved Mahavidyalaya, Wagholi, Pune.

Department of Rachana Sharir

In collaboration with NSS

07 April 2023 — World Health Day

Organ Donation Awareness Campaign



Guest Lecture — Organ Donation : Myths and Facts



Donor Card

I _____
s/o, d/o, w/o _____ aged _____
Resident of _____ Tel _____

in the presence of persons mentioned herein, hereby unequivocally
authorize the removal of a) any part of my body or b) my kidneys,
corneas, lungs, liver, pancreas (delete as appropriate) to be used
from my body after my death for therapeutic purposes.

Date _____ Signature _____

----- (fold on dotted line) -----

Witness 1 _____
s/o, d/o, w/o _____ aged _____
Resident of _____ Tel _____

Date _____ Signature _____

Witness 2 _____
s/o, d/o, w/o _____ aged _____
Resident of _____ Tel _____

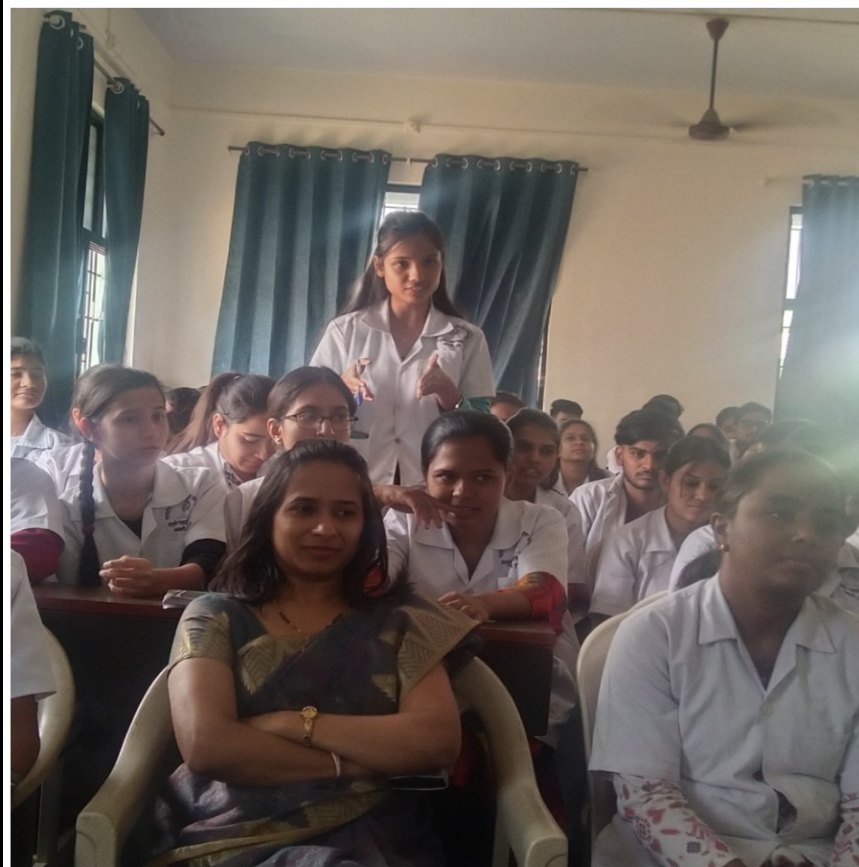
Date _____ Signature _____

This is a legal document under the Transplantation of Human
Organ Act, 1994. For further information, consult your doctor

DR. GIRISH KULKARNI APRIL 7, 2014



Question - Answer Session



Felicitation of Guest Speaker

