

**NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
(Administration – I)**

No.A. 18012/1/Admn.I

Dated: 3-11-2016

CIRCULAR

Sub: Generation of awareness about organ donation.

MoHFW vide its ID No. JS (KLS)/MS/2015-16, Dated: 31.10.2016 has informed that there is a huge mismatch between the requirement for organs for transplantation in case of end stage organ failure and the availability of organs. Similarly, there is also a major mismatch between the availability of tissues and requirement for tissues.

2. The Government of India has, with a view to bridge this gap, been propagating promotion of donation/retrieval of organs from brain stem dead persons. In order to generate awareness on this issue, it has been decided to take up a number of activities during the month of November, 2016 to disseminate the message relating to donation/retrieval of organs and tissues from brain stem dead persons. One of the activities proposed for implementation during this period is to obtain a large number of pledges from those working in the health sector for donation of organs or tissues in Form 7(Copy enclosed). It is also proposed that some organ donation card will be handed over in a ceremony to be organized in Nirman Bhavan/Vigyan Bhavan in the 3rd week of November, 2016.
3. In view of the above, all regular and contractual employees working in NIHFW may fill up the ORGAN DONATION PLEDGES in Form 7, which is option and submit through HoD/Sectional Head/Nodal Officers of project to Administration section-1 by 8th November 2016 positively. The HoD/Sectional Head/Nodal Officer of project may also send the requisite information in respect of faculty/staff under them in the prescribed Performa for compilation of organ donation pledges.
4. This issues with the approval of Director.


(Rajiv R. Singh)
Dy. Director (Admn.)

Copy to:

1. All HoDs/Sectional Heads/Nodal Officers of the various project-with the request that the contents of the circular may be brought to the notice of all staff working under them and further necessary action.
2. PA to Director/Dean/D.D.(Admn.).
3. Computer Centre, NIHFW for uploading in Employees corner of the website.
4. Notice Board.

MOST IMMEDIATE

GOVERNMENT OF INDIA
DEPARTMENT OF HEALTH AND FAMILY WELFARE


SUBJECT: GENERATION OF AWARENESS ABOUT ORGAN DONATION

As you are aware, there is a huge mismatch between the requirement for organs for transplantation in case of end stage organ failure and the availability of organs. Similarly, there is also a major mismatch between the availability of tissues and requirement for tissues.

2. The Government of India has, with a view to bridge this gap, been propagating promotion of donation/retrieval of organs from brain stem dead persons. In order to generate awareness on this issue, it has been decided to take up a number of activities during the month of November, 2016 to disseminate the message relating to donation/retrieval of organs and tissues from brain stem dead persons. One of the activities proposed for implementation during this period is to obtain a large number of pledges from those working in the health sector for donation of organs or tissues in **Form 7 (copy enclosed)**. It is also proposed that some organ donation cards will be handed over in a ceremony to be organized in Nirman Bhavan/Vigyan Bhavan in the 3rd week of November, 2016.

3. In view of the above, all Divisions/Wings are requested to share information relating to the desirability of organ donation, donation in the unfortunate event of brain stem death to all persons working in the Ministry/DGHS/other Attached/Subordinate (offices) /Autonomous Bodies /PSUs and request them to fill up Form 7 and also collect information in respect of all employees (regular and contractual) in the enclosed-format. The filled up form can be handed over with a forwarding Note in my office i.e. Room No. 151-A, Nirman Bhavan, New Delhi or to Dr. Anil Kumar, Addl DDG/Dte General Health Services, Nirman Bhavan or Director, NOTTO, at Safdurjung Hospital, New Delhi **latest by 11.11.2016**.


4. **Collection of information in respect of all employees in the attached format is mandatory, while filling up of pledge form is optional.**


(K. L. Sharma)
Joint Secretary
Tel: 23062426

**Encl: Format for information collection Form 7
for pledging organ donation**

**DGHS/SPL DGHS/ADDL SECRETARIES/JOINT SECRETARIES/DIRECTORS/DSs/HEADS OF
ALL ATTACHED/SUBORDINATE OFFICES/AUTONOMOUS BODIES/PSU UNDER MOHFW
MoHFW ID No. JS (KLS)/MS/2015-16, DATED : 31.10.2016**

**COPY TO: (I) SECRETARY, DEPARTMENT OF HEALTH RESEARCH
(II) SECRETARY, NACO**


(K. L. SHARMA)

अन-दान PROFORMA FOR COMPILATION OF ORGAN DONATION PLEDGES जीवन-दान

(MANDATORY FOR ALL REGULAR AND CONTRACTUAL STAFF)*

NAME OF DIVISION/ORGANIZATION:

Sl.No.	Name	Gender Male-M Female-F	Age in years	Whether aware of feasibility of donating organs in case of brain stem death Yes -1 / No-2	Whether would like to fill up pledge form to donate organs Yes -1 / No-2 If yes, please fill up Form No. 7 (pledge)

**Note: 1. Filling up organ donation form does not cast any obligation. It is more in the nature of awareness generation about the feasibility of retrieval of organs in the unfortunate event of brain stem death and donation of tissues even after natural death. The present exercise is solely to make more people aware of the critical gaps in the availability and requirement of organs and tissues and utility of retrieved organs and tissues.*
2. Organ donation is a family decision. Please inform your family about your wish for organ donation. Consent of family member(s) or legal possessor of body is mandatory for removal of organs after death.
3. Please peruse form no. 7 for organ and tissue pledging and fill it up.

(Head of Organization)
 एक खासोशी - अनेक मृतकान आओ करे अंग दान

FORM 7- For Organ / Tissue Pledging
(To be filled by individual of age 18 years or above)

Registration Number (To be allotted by Organ Donor Registry).....

[.....S/o,D/o,W/o.....aged.....
date of birth resident of

.....in the presence of persons mentioned below hereby unequivocally
authorise the removal of following organ(s) and /or tissue(s), from my body after being declared brain
stem dead by the board of medical experts and consent to donate the same for therapeutic purposes.

Please tick as applicable

Organ(s): Heart Lungs Kidneys Liver Pancreas Intestine All

Tissue(s): Corneas/Eye Balls Skin Bones Heart Valves Blood Vessels All

(Tissues can also be donated after Brain Stem Death as well as Cardiac Death)

My blood group is (if known)

Dated : Signature of Pledger:

Address for correspondence

Telephone No: Email :

(Signature of Witness 1)

1. Shri/Smt./Km S/o,D/o,W/o

aged resident of

Telephone No: Email:

Signature of Witness 2

2. Shri/Smt./Km S/o,D/o,W/o

aged resident of

Telephone No: Email: is a near relative
to the donor as

Dated: Place:

- Note:**
- (i) Organ donation is a family decision. so, it is important that you discuss your decision with family members and loved ones so that it will be easier for them to follow through with your wishes.
 - (ii) The person making the pledge has the option to withdraw the pledge.
 - (iii) After filling the form, kindly send it to Director NOTTO, on address mentioned below.

National Organ & Tissue Transplant Organisation (NOTTO)

4th Floor, NIOP Building, Safdarjung Hospital Campus, New Delhi-110029,

Email: dir@notto.nic.in, Website: www.notto.gov.in

NOTTO-Toll free Helpline No. 1800-114-770 (24x7)

Life is a Gift.... Pass it on. Join Hands for Organ Donation.

1.8 मैं या उससे ऊपर के व्यक्ति इस भद्र फारम

संघीय/राज्य/केंद्रीय अस्पताल/विविध अन्य प्रदाता (पता) _____

मैं _____ पुत्र/पुत्री/पत्नी _____ आयु _____

जन्म तिथि _____ विधवा _____

निम्नलिखित व्यक्तियों की उपस्थिति में, चिकित्सीय विशेषज्ञों के सौझ द्वारा चिकित्सीय लाभ प्राप्त होकर निम्नलिखित कार्य करने के पश्चात् अपने शरीर से निम्नलिखित अंग (अंगों) और या उनका (उनको) को निकाले जाने हेतु सुरक्षित रूप से प्राधिकृत करण हूँ और चिकित्सीय प्रयोजन के लिए उनका दान करने की सहमति देता हूँ।

अंग: हृदय फेफड़े गुदें यकृत अग्न्याशय छोटी आंत सभी

ऊतक: नेत्र पटल/कोर्निया त्वचा हड्डी हृदय वाल्व रक्त वाहिनियां सभी

(अंगों को नष्टिगणक स्तर पर मृत्यु के साथ हटाने के लिए पर्याप्त भी दान किया जा सकता है।)

मेरा स्वतंत्र रूप (यदि ज्ञात हो) _____ है।

तारीख _____ शयनघरों के हस्ताक्षर _____

पत्र व्यवहार का पता _____

दूरभाष संख्या _____ ईमेल पता _____

(साक्षी 1 के हस्ताक्षर)

1. श्री/श्रीमती/कुमारी _____ पुत्र/पुत्री/पत्नी _____ आयु _____

विधवा _____

दूरभाष संख्या _____ ईमेल पता _____

(साक्षी 2 के हस्ताक्षर)

2. श्री/श्रीमती/कुमारी _____ पुत्र/पुत्री/पत्नी _____ आयु _____

विधवा _____

दूरभाष संख्या _____ ईमेल पता _____

(चिह्न) _____ के रूप में दाता को निकट रिश्तेदार है।

तारीख _____ स्थान _____

- टिप्पणी:**
- (1) अंगदान एक चारित्रिक निर्णय है। इसलिए यह महत्वपूर्ण है कि आप अपने निर्णय के बारे में परिवार के सदस्यों और अपने मित्र/सहकर्मी से चर्चा करें बिना उन्हें लिए अपनी इच्छाओं को पूरा करना असंभव होगा।
 - (2) यह व्यक्ति जो आपसे पत्र भर रहा है, वह प्राप्त आपसे पत्र भरने का विकल्प है।
 - (3) यह आपसे पत्र भरकर नीचे दिए गए पते पर भेजे।

National Organ & Tissue Transplant Organisation (NOTTO)

4th Floor, NCP Building, Safdarjung Hospital Campus, New Delhi-110029,
Email: dir@notto.nic.in, Website: www.notto.gov.in
NOTTO-Toll free Helpline No. 1800-114-770 (24x7)

एक छात्रोसी... उनके मुस्कान... शरीरों करे अंगदान। अंगदान जीवनदान।।