AFFIDAVIT

(To obtain a copy of the DNA typing report in an Organ Transplantation Case) (Duly notarized on Rs.10/- Non-Judicial Stamp Paper)

That I, Mr./Kum./Mrs./Dr.				, Son/Daughter/Wife of Mr./Mrs./Dr	
		aged	about	years,	, Occupation:
	resident	of			
(residential address) do her	eby solemnly aff		d state on oa		
That DNA fingerprin	ting examination	in File	No	ha	s been requested
by Dr				_ or Med	lical Officer,
	(Name o	f the H	lospital) for	establishing Biologica	al Relationship for
Organ Transplantation as I	per the "Transpla	antatio	n of Human	Organs Act, 1994, v	vherein I have an
interest being that (a) I am	the Patient/Dono	r in the	said file or	(b) I am related as	
to the Patient/Donor in the	said file on whos	e beha	If this affidav	vit is being filed.	
 That in my understa and report has been substituted. That in my understa Stated 	mitted by the C	entre	for DNA Fi		gnostics (CDFD),
3) That due to my afc	resaid interest,	I requi	re a copy o	f the report of the D	NA Fingerprinting
Examination submitted by to take further action.	the CDFD, Hyde	rabad	pertaining to	the above case for	my reference and
					DEPONENT
	<u>\</u>	/ERIFI	CATION		
Verified on this the (station					
and nothing has been conc	ealed.				
					DEPONENT
Sworn and signed before m	e on this				
the day of	(month)				
(year) at	(station)				

NOTARY