Date:

To,

The Chairman,

ZTCC,

GMC & Superspeciality Hospital,

Nagpur.

|  |  |
| --- | --- |
| Sub:- | Application for Registration for Cadaveric Kidney Donor. |

Dear Sir/Madam,

We wish to register the patient named Mr./Mrs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is known patient suffering from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Cadaver Kidney Recipient. The details are below mentioned:

|  |  |
| --- | --- |
| Name of the patient | : |
| Age | : |
| Sex | : |
| Diagnosis | : |
| Blood Group | : |
| Address | : |
| Contact No. | : |
| E-mail | : |

Expecting a prompt and humble compliance.

Signature of Nephrologist.

Encl: Documents are enclosed along with.

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FOR ZTCC- OFFICE USE Signature of Jt.Secretary- ZTCC, Nagpur.