

**Government of West Bengal**  
**Directorate of Medical Education**  
**Swasthya Bhavan, Salt Lake,**  
**GN-29, Sector-V, Kolkata - 700091**

Memo. No. CE/916-2001-M/1098

Dated, Kolkata, the 16<sup>th</sup> 12/06/2015

**C I R C U L A R**

**Regulation for submission of application regarding "No Objection Certificate" for Organ Transplantation in West Bengal:**

Following documents are required to obtain *No Objection Certificate* for Transplantation of Human Organ:

**A. From the end of Transplant Institutions:**

1. Application prayer from the Head of the Institution where Kidney transplantation to be done will be addressed to :  
**The Director of Medical Education & e.o. Secretary, Department of Health and Family Welfare & Chairman of the State Authorization Committee, WB as per Transplantation of Human Organ Act, 1994.**
2. Certificate of the Nephrologist of the concerned Institute regarding the necessity of Kidney Transplantation.
3. **Prayer** for Kidney Transplantation from the recipient addressed to as mentioned in Sl. No. 1.
4. **Prayer** for Kidney donation by the donor and donor's legal guardian addressed to as mentioned in Sl. No. 1.
5. **Authorization letter** of the recipient to his or her *man of confidence* to look after the matter addressed to as mentioned in Sl. No. 1, authenticated by the authority of Transplant Facility with photo.
6. Attested copies of residence proof i.e. **Domicile Certificate of recipient, donor and donor's legal guardian** from the competent authority.
7. Attested copies of Identity Proof:
  - i. **Voter's Identity Card** or
  - ii. **Passport** or
  - iii. **Government Identity Card** (in case of Govt. employee/s) or
  - iv. **Aadhaar Card** (if available) of the concerned recipient, donor and donor's legal guardian.
8. Attested copy of Registration Certificate of the Institute by the Appropriate Authority of the concerned State where kidney transplantation will be done.
9. Original copy of affidavit of donor, his or her legal guardian from a 1<sup>st</sup> Class Judicial Magistrate/ Metropolitan Magistrate (in case of Metropolitan city). In case of foreigners, affidavit from the concerned 1st class Judicial Magistrate of the Hon'ble Court of Law, under jurisdiction the Transplant Hospital is situated, - will be required along with NOC of the pertinent Country's embassy.
10. Original copy of Form No. 2. To be completed by the concerned Medical Practitioner.

11. Original copy of consent of donor's legal guardian authenticated by Notary Public [Form 1( c )].
12. Original copy of Form No. 10 affixed with recent passport size photograph of both donor and recipient duly attested by the concerned Nephrologist of the Institute where Kidney Transplantation will be done clearly mentioning the mark of identification of both donor and recipient at the bottom of the respective photographs.
13. Original copy of HLA typing and Cross Matching affixed with recent passport size photograph of donor duly attested by the concerned Nephrologist of the Institute where Kidney Transplantation will be done.
14. Original copy of GFR of donor and other supportive investigation reports must be submitted.
15. In case of recipient coming from other States NOC from all other domicile State(s) is mandatory.
16. In case of recipient and donor coming from abroad, NOC from Ministry of External Affairs/ High Commission of concerned countries are mandatory. Affidavit from 1<sup>st</sup> Class Judicial Magistrate from the Hon'ble Court of Law under which jurisdiction the Transplant Facility is related.
17. In case of recipient (s) abroad, - application accompanied with all papers should be submitted at least 7(seven) days before the scheduled date of Authorization Committee Board Meeting of Transplantation of Human Organ Act.

*All the above mentioned papers are to be submitted chronologically in order as stated above and firmly tagged after proper authentication by the concerned nephrologist of the Institute where Organ Transplantation will be done.*

  
**Director of Medical Education and ex-officio Secretary, WB  
and Chairman, Authorization Committee, as per THOA 1994**

Memo. No. CE/916-2001-M/ 1098/1(5)

Dated, Kolkata, the 12/06/2015

Copy forwarded for information and necessary actions to:

1. The Principal Secretary, Deptt. of Health and FW, Swasthya Bhavan, GN-29, Salt Lake, Sector-V, Kolkata-700091.
2. The Director of Health Services, Swasthya Bhavan, GN-29, Salt Lake, Sector-V, Kolkata-700091.
3. Director/ Medical Superintendent/ CEO/ Facility Director/ Administrator  
\_\_\_\_\_ Hospital.
4. DDHS(MERT), Swasthya Bhavan, GN-29, Salt Lake, Sector-V, Kolkata-700091.
5. IT Co-ordinator for posting in the WB Health Deptt. website.

  
**Additional Director of Health Services (Admin.), WB  
Swasthya Bhavan**

  
15.6.15