

**ZONAL CO-ORDINATION COMMITTEE OF KARNATAKA FOR  
TRANSPLANTATION**



**(ZCCK)**  
OPD Campus,  
NIMHANS, Hosur Road, Bangalore – 560 029.  
Phone: (080) 26995716 Mobile: 9845006768

Affix  
Passport  
size  
photograph

**HEART TRANSPLANT - REGISTRATION FORM**

1. Name : \_\_\_\_\_
2. Date of birth : \_\_\_\_\_ 3. Age: \_\_\_\_\_ 4. Gender: \_\_\_\_\_
5. Height : \_\_\_\_\_ 6. Weight: \_\_\_\_\_ 7. BMI: \_\_\_\_\_
8. Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
9. Nationality: (Indian/NRI) \_\_\_\_\_ (Indian Nationals/Indian Descendents are only eligible for ZCCK listing)
10. Contact Nos (Res/Off/Mob): \_\_\_\_\_  
Close Relative: \_\_\_\_\_  
Contact person n Ph No (in emergencies): \_\_\_\_\_
11. Blood Group :
12. HLA(if known) :
13. Primary Disease :
14. Primary Transplant or Re-Transplant :
15. Transplant Category: Kidney only ( ) SKP ( ) PAK ( ) Pancreas only ( )
16. Duration of Diabetes:
17. Secondary complications of diabetes:
18. Dialysis: Haemodialysis or peritoneal dialysis  
Duration of dialysis:
19. Secondary Medical factors:  
Angina: Y/N  
Hypertension: Y/N  
CVA:  
Peripheral vascular disease:  
COPD: Y/N

Previous Malignancy:

Recent DVT/PE:

Recent Albumin:

Recent Creatinine:

20. HbsAg : \_\_\_\_\_ 21. Hepatitis C: \_\_\_\_\_ 22. HIV: \_\_\_\_\_

23. Primary Doctor: \_\_\_\_\_ 24. Hospital : \_\_\_\_\_

25. Regn Fee: Rs. \_\_\_\_\_ (Paid) DD No: \_\_\_\_\_ dated \_\_\_\_\_ drawn from  
\_\_\_\_\_ (bank).

**Signature of Patient:  
(Of parent in case of a minor)**

**Signature of Treating Doctor  
and Hospital Seal**

**Data for submission at ZCCK:**

- a) Proof of Date of Birth to be attached
- b) Proof of residence to be provided (Ration card, Passport, Voter ID card)
- c) Copies of all Medical data (recent lab reports, HIV, HbsAg and Hepatitis C) from a recognized transplant centre
- d) Proof of Blood Group
- e) Registration fee Rs. 2000/-, DD payable in favour of "ZCCK".

**DECLARATION**

I \_\_\_\_\_ son/daughter/spouse of  
\_\_\_\_\_ Resident of \_\_\_\_\_  
\_\_\_\_\_

**do hereby declare that the contents of paragraph 1 to 25 are true and to the best of my knowledge and belief and that no other information has been concealed therein.**

**Place:**

**Signature of the RECIPIENT**

**Date:**

**\*\*That the RECIPIENT hereby agrees that his being put on the waiting list does not guarantee the supply of an organ for transplantation by ZCCK. ZCCK does not guarantee the RECIPIENT an organ merely by virtue of the RECIPIENT being registered with ZCCK and his name put on the waiting list.**

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**For Official use only**

Name : \_\_\_\_\_

Application received on : \_\_\_\_\_

Registration amount received on : \_\_\_\_\_

Date and time of activation : \_\_\_\_\_

**For ZCCK**