

NKF Registration Forms for Kidney Swap

I would like to register my name in exchange kidney transplant program as I do not have any blood group matching kidney donor in my family. My family member is ready to donate kidney in exchange of a kidney. I am aware that there is no financial transaction involved.

Date: _____

My Name (Patient): _____

Age: ____ Blood Group: _____ My Nephrologist _____

Address: _____

Contact no: _____ Email – Id: _____

My Prospective Donors' Details:

1. Name: _____ Age: _____ Blood Group: _____

City of Resident _____ Contact no: _____

Email – Id: _____ My Relation with him/her: _____

2. Name: _____ Age: _____ Blood Group: _____

City of Resident _____ Contact no: _____

Email – Id: _____ My Relation with him/her: _____