

**LIVING WILL/ADVANCE MEDICAL DIRECTIVES AND ATTORNEY  
AUTHORISATIONS**

I, \_\_\_\_\_ of \_\_\_\_\_, Indian Inhabitant, aged \_\_\_\_\_ years, born on \_\_\_\_\_ (PAN \_\_\_\_\_; Aadhar No. \_\_\_\_\_), residing at \_\_\_\_\_ and presently at \_\_\_\_\_, do hereby state and declare as under:-

**1. DECLARATION:**

I am an adult of sound mind and have and possess the ability and capacity to communicate, relate and comprehend the consequences of executing the present writing. I am willfully and voluntarily executing and making the present writing with informed consent after having full knowledge and information and after carefully considering and evaluating the consequences of this writing. I am also well aware of the risks and consequences involved in my below directives. Prior hereto, I have also consulted my doctors and lawyers. My decision with respect to the directives appearing in this declaration is an informed decision.

**2. DIRECTIONS:**

2.1 Under the Constitution of India, I have been conferred with the fundamental right to die with dignity.

2.2 If I am not in a position to specify and/or communicate my wishes, desires and preferences by myself and I am unable to take part in decisions regarding the kind of medical treatment to be given and/or not to be given to me, I direct all concerned should take, accept and act on my directions as mentioned and recorded herein into account

**FURTHER PREVIEW UNAVAILABLE**

PREVIEW