MTP CONSENT FORM

FORM C

(Refer Rule 9 MTP Rules, 2003)

I ..... daughter / wife of.....aged about..... years at present residing at ....do hereby give my consent to termination of my pregnancy at .....

.....(State the name of place where the pregnancy is to be terminated).

Place :

Date : *Signature :*

(To be filled in by guardian where the woman is a mentally ill person or minor).

I ..... son / daughter / wife of ..... aged about ..... years at present residing at ....give my consent to the termination of the pregnancy of my ward ..... who is a minor / mentally ill person at.....

(Place of termination of my pregnancy)

Place :

Date : *Signature :*