

**DEPARTMENT OF ANATOMY
ESIC MEDICAL COLLEGE & HOSPITAL, NIT, NH-3,
FARIDABAD, HARYANA**

Step by Step Procedure for Voluntary body Donation

1. Prospective Donor will give an Application to the Head of Department, Anatomy
(For wording of Application please see Body Donation Form)

2. Prospective Donor/ relatives of deceased will have to submit the following documents:
 - Affidavit regarding the donation/ copy of last will
 - NOC from Police
 - No objection certificates from the near relatives
 - Identity certificate of deceased
 - Death certificate of deceased from requisite authority
 - Two passport size photos

VOLUNTARY BODY DONATION - APPLICATION FORM

Name_____

Age (Date of Birth)_____

Gender: Male / Female / Other

Occupation:_____

Contact Address_____

Contact number: _____

Whether Registered for Eye/ organ donation Yes / No

To,

The Head of Department (Anatomy)

ESIC Medical College & Hospital, NH-3, NIT, Faridabad, Haryana.

Subject - Registration as Body Donor.

Dear Sir/Madam,

I desire that, after my death my body be donated for the purpose of study and research work to Department of Anatomy, ESIC Medical College & Hospital, Faridabad, Haryana for medical research. In this regard, the affidavit, No objection certificate from near relatives and 2 extra passport size photos are enclosed here with.

Yours Sincerely,

.....

Dated:

(Donor's signature)

Please affix
your recent
passport size
photograph

AFFIDAVIT

Whereas I, _____ s/o, W/o, D/o _____

Resident of _____ desire

to make my last Will in respect of my body. I hereby declare as under:

This Will does not cover my moveable or immoveable property.

This Will is my last Will regarding the disposal of my body.

1. That after my death I have voluntarily offered to donate my body to the Department of Anatomy, ESIC Medical College & Hospital, NH-3, NIT, Faridabad, Haryana, for medical research.
2. That after my death, my body would be at the disposal of the said Institute and that there would be no dispute regarding it and my heirs may not have any objections regarding the disposal of my body.
3. I hereby declare that after my death, my body shall be placed at the disposal of the said Institute and the Institute shall be at liberty to deal with or dispose off my body in any manner it seems fit. My heirs and my relatives shall not have any objection to such manner of disposal of my body.
4. If my death takes place at a place other than the Institute, my heirs shall be responsible for informing the Institute about my death and making my body available to the Institute within the shortest time.
5. This Will I have made of my own free will and without any pressure of any kind and because I have held the belief that placing the dead body at the disposal of the Institute for medical research shall be better than consigning the dead body to flames. This is my

earnest desire that this Will executed by me is noted upon by all heirs without any reservation. My heirs will have no claim of any kind over my dead body.

Executed at today the

..... in the presence of witnesses who have signed in my presence.

Family members (mention relation, address, contact number)

1.

2.

Witness:

1.

2.

NO OBJECTION FROM CLOSE RELATIVES

We the undersigned have no objection to donate the body of

Shri / Smt. _____ S/O, W/O,

D/O _____ resident of _____

_____ aged _____ after his / her

death for educational purpose/ medical research to Department of Anatomy, ESIC

Medical college & Hospital, NH-3, NIT, Faridabad, Haryana.

Name with address

Relation

Signature

1.

2.

3.

To,

SHO,
NH3, NIT, Faridabad,
Haryana.

Date:

Subject: Donation of dead body of _____
to the Department of Anatomy, ESIC Medical College & Hospital, NH3, NIT, Faridabad,
Haryana.

Sir,

This is for your kind information and necessary action that I, _____

S/o, D/o, W/o, H/o _____.

R/o _____,

wish to donate the dead body of _____

S/o _____ Age/ Sex _____

R/o _____

to the Department of Anatomy, ESIC Medical College & Hospital, NH3, NIT, Faridabad,
Haryana.

Thanking you

Yours sincerely

Name: _____.

Relation with deceased: _____.

Address: _____.

Phone no.: _____.

**ESIC MEDICAL COLLEGE & HOSPITAL
NH-3, NIT, FARIDABAD, HARYANA**

DEPARTMENT OF ANATOMY

BODY DONATION RECIEPT

Ref no:

Date:

Received the body of Mr./ Mrs./Ms. _____ S/o, W/o, D/o
R/o _____ on
_____ (date); time _____, donated by the relatives of the deceased for
teaching and research purposes.

1. Name

Address

Phone no.:

Relation

2. Name

Address

Phone no.:

Relation

Signature of Faculty member