

APPLICATION FORM (PLEDGE FORM) FOR WHOLE BODY DONATION

NAME.....FATHER/HUSBAND/WIFE.....
DATE OF BIRTH.....AGE.....SEX.....
PRESENT ADDRESS.....
PERMANENT RESIDENTIAL ADDRESS.....
PROFESSION.....CONTACT PH NOS.....

I do hereby pledge my mortal body to the department of Anatomy, -----Medical College, ----- to be utilised for academic, research and related purposes without any prejudice or precondition. I declare that in case of my brain death, body will be handed over at the disposal of the -----, Medical College for proper utilisation of my body. I understand that the pledges will not, in any way affect any legal claim.

I further declare that this pledge has been made voluntarily with good health and full consciousness and not under any pressure. I do hereby undertake the responsibility to inform about the pledge to the jurisdictional police station and also my next of kin/legal heirs about this pledge for smooth execution of the process.

Date _____

Place _____

Witness

(Two passport photographs to be submitted)

Full signature of donor/Executants

Declaration by Next of Keen/ Legal heirs

I/we do hereby agree to honour the pledge signed by.....
Son/daughter/husband/wife/others ofand also handover
His/her dead body after brain death along with the original Death Declaration Certificate .

Sl.No. Name in Full (Capital letter) Relation with the Donor Full Signature

- 1.
- 2.
- 3.

Witness

Sl No. Name with Address (Capital letter)

Signature in Full

- 1.
- 2.

Date _____

Place _____

(Photocopy of Photo identity card/address proof of the Donor and next of keen are to be enclosed) The application form is to be executed in a stamp paper preferably by a Notary .)