WHOLE BODY DONATION

Name in Full_____ ____

Father's Name_____

Husband's/Wife's Name_____

Age :……..

Religion …….

Education :……

Occupation ……...

Mobile/Tele. No. :…….

Email :……...

Permanent Address:_____

_____

_____

Present Address:_____

_____

_____**Pin code**_____

I, …….aged……hereby express my voluntary desire and give of Maharshi Devraha Baba Autonomous State medical college, Deoria,UP to be used in whatsoever way, for the advancement of medical education and research.

I further declare that, this donation is out of my free will, with good health, full consciousness and is under no compulsion. My legal heirs will not raise any objections to the donation and will not claim the body after death.

I have donated/not donated my eyes(after death).

I request you to kindly register my name for donating my body.

MARKS OF IDENTIFICATION :

1. _____
2. _____

DISEASES PRESENTLY KNOWN (if any):

1. _____
2. _____
3. _____

MISSING BODY PARTS (if any):

1. _____
2. _____
3. _____

Signature of Donor

Declaration by next kim/legal heir's

I/We do hereby agree to honor the desire signed by……..and will hand over the body after his/her death the anatomy department of Maharshi Devraha Baba Autonomous State medical college, Deoria, U.P.

Witness-1

Full Name :_____

Relationship:_____

Address:_____

_____

Phone/Mobile Number:_____City Code:_____Number_____

E-Mail Address:_____

Signature

Witness-2

Full Name :_____

Relationship:_____

Address:_____

_____

Phone/Mobile Number:_____City Code:_____Number_____

E-Mail Address:_____

Signature

Note: Certificates needed with the body –

1. Certificate of natural death signed by a Registered Medical Practitioner/Hospital
2. Photocopy of Photo identity card/address proof of the body donor
3. Signed Body donation form with photo

GUIDELINES AND INSTRUCTIONS TO THE DONOR AND NEAR RELATIVES

1. The legal heirs or near relatives may be requested to intimate the death of the donor at the earliest (within 1-2 hours of death) to the Head of the Department, Department of Anatomy, Maharshi Devraha Baba Autonomous State medical college.
2. For donation of eye (cornea) please contact Ophalmology Department of the Medical College.
3. The body of the said donor after death. should be transported without lapse of time(preferably within 8-12 hours)
4. The body will be received at the Department of Anatomy.
    I. On all working days from 9:00am to 5:00pm, contact number……..
    II. On all holidays, or time other that 9:00am to 5:00pm and when is Institute is closed for special reasons, one may contact at……..
5. The Death should be natural or due to naturally occurring diseases.
6. The body will not be accepted in cases of Hiv/HbsAg/Covid positive, Medico-legal issues, suicide, poisoning and grossly putrefied body.

REGISTRATION FORM, DEPARTMENT OF ANATOMY,

MAHARSHI DEVRAHA BABA AUTONOMOUS STATE MEDICAL COLLEGE, DEORIA, U.P

Dear Shri/Smt./Km._____your Desire to donate your body after death has been most gratefully registered in the department at serial no._____. In any future correspondence kindly do mention this serial number.

Head of the Department

Department of Anatomy,

Maharshi Devraha Baba Autonomous State medical college,

Deoria, U.P.