DEPARTMENT OF ANATOMY

All India Institute of Medical Sciences
New Delhi-110029

INFORMATION FOR THE POSPECTIVE DONORS OF BODY AFTER DEATH

- 1. The All India Institute of Medical Sciences, accepts donation of body after death for teaching and scientific advancement.
- 2. The WILL FORM and Donor Card duly completed by the donor should be returned to the office of Head of the Department of Anatomy, AIIMS, New Delhi for registration. Registration Card will be returned after registering the individual.
- 3. After the death of the donor, the information should be conveyed to Department of Anatomy, AIIMS. The Telephone numbers are indicated below:
 - (a) During office hours (9.30 A.M. 5.00 P.M): 26593216, 26593509 & 9868397557 Monday – Friday : (9.30 AM – 5.00 PM) Saturday : (9.30 AM – 1.00 PM)
 - (b) After office hours & on holidays: 9868397557, 26589279 (Duty Officer)
- 4. The dead body with a death certificate, from a competent medical personal, should be handed over by the next of kin, to the Department of Anatomy, AIIMS.
- 5. Body after accident, medico-legal case or any other form of unnatural death will not be used for teaching and scientific advancement. HIV, infective hepatitis, gas gangrene, tetanus infected and putrefied bodies are not accepted.
- 6. The information of death should be sent as early as possible so that the Department of Anatomy can make necessary arrangement to get the body picked up.
- 7. The body can be collected by AIIMS only from within the National Capital Region (NCR) and not from outside.
- 8. There is no provision for donating each organ separately except the cornea, for which organ Retrieval Banking Organisation (ORBO) should be contacted.

APPROVED TEXT OF WILL FOR DONATION OF HUMAN BODIES TO THE AIIMS FOR RESEARCH AND SCIENTIFIC PURPOSES

WILL

l,		son/daughter/wife of
		resident of
•	l postal address)	hereby
	ke this as my last will regarding the disposal of my dead be er Wills and Codicils heretofore make by me in context he	· · · · · · · · · · · · · · · · · · ·
WHE	EREAS I am of sound mind and do so of my own free accor	d, will and act, and
	EREAS I am desirous of donating my body after my dear gress of Medical Sciences.	th for the good cause of humanity and
kins	O WHEREAS I have expressed my desire of donating my desire and other members of my family and they have no object my death for the said cause.	
Naga	ereby, by this Will, bequeath my body after death to All-Ingar, New Delhi, absolutely with full powers to use it or disector of the said Institute as the Executor.	
ln w	vitness thereof, I have signed this Will hereunder on this _	day of
(moı	onth)Year	_as the Testator in the presence of next
Sign the Testa	ned by the above named testator in my presence on same day and each of us has in presence of the tator signed his name hereunder as attesting witness	
(es)		
		(SIGNATURE OF THE
/C1-C1	CALATURE OF MEVT	DONOR/THE TESTATOR)
	GNATURE OF NEXT	
	H AND KIN)	
Keia	ationship:Name :	·····
Witr	ness:	
1.	Signature	
	Name	
	Relationship	_
	Address	
2	Signatura	

Name		
Relationship		
Donor No		
DEPARTMENT	OF ANATOMY	
A.I.I.M.S., ANS	SARI NAGAR,	
NEW DE	LHI-110029.	
Certified that Sh./Smt./Kum.		
has bequeathed his/her body to Department of Anatomy		
after death for scientific rese	arch & teaching purpose.	
Date		
Ph.Off: 26593216		
9868397557		
BODY DONOR	POCKET CARD	
Kindly inform the Anatomy Department immediately on		
my demise and help item to	fulfill my last desire.	
Thank you	Signature of the Donor	
	Date	