



अखिल भारतीय आयुर्वेद संस्थान, गोवा

**ALL INDIA INSTITUTE OF AYURVEDA, GOA**

**(A Satellite Institute of All India Institute of Ayurveda, New Delhi)**

**(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)**

**MANOHAR INTERNATIONAL AIRPORT ROAD, DHARGAL, PERNEM-GOA**

**DEPARTMENT OF RACHANA SHARIR (ANATOMY)**

Two Photos with Aadhar card copy

**Body Donation**  
(Declaration of Request)  
( To whom it may concern)

self attested  
photograph

It is wished that my MORTAL REMAINS (Body after death) be made available to the Department of Rachana Sharir (Anatomy) All India Institute of Ayurveda, Goa to be used in whatsoever way it shall be deemed most beneficial for the advancement of medical education and research.

Dated:

Signed

The following information will be of considerable value:-

NAME IN FULL : \_\_\_\_\_

FATHER'S

NAME: \_\_\_\_\_

\_\_\_\_\_

HUSBAND'S NAME: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_

DATE OF

BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

Occupation: \_\_\_\_\_



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PermanentAddress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present

Address: \_\_\_\_\_ Pincode: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER :- \_\_\_\_\_

City Code: \_\_\_\_\_ Number \_\_\_\_\_

E-MAIL ADDRESS:

CELL PHONE NUMBER:

MARKS OF IDENTIFICATION:

1. \_\_\_\_\_
2. \_\_\_\_\_

DISEASES PRESENTLY KNOWN:

1. \_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_

MISSING BODY PARTS:

1. \_\_\_\_\_
2. \_\_\_\_\_



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**PARTICULARS OF THE NEAREST RELATION WHO IS LIKELY TO DISPOSE MY MORTAL REMAINS AND WHO IS AWARE OF MY WISH TO DONATE MY BODY AFTER DEATH TO THE RACHANA SHARIR (ANATOMY) DEPARTMENT OF ALL INDIA INSTITUTE OF AYURVEDA, GOA AND WITH WHOM A COPY OF THE BODY DONATION FORM IS KEPT.**

**FULLNAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**City Code:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_

In case of natural death, the information should be sent at the earliest ( within 1-2 hours of death) as per the following guidelines:-

**On the working days between 10:00 am to 5:00 pm**

**Head of the Department ,**

Department of Rachana Sharir( Anatomy)

All India Institute of Ayurveda

**Phone - 8322918202**

**Mob. No. - 7007931268**



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**DEPARTMENT OF RACHANA SHARIR (ANATOMY)**

**Email ID:** rachanaaiigoa@gmail.com

**On all holidays, or time other than 10:00am to 5:00pm and when the Institute is closed for special reasons, one may contact at the following address.**

**Dr. A.K.Yadav**

Associate Professor,

Department of Rachana Sharir (Anatomy)

All India Institute of Ayurveda, Goa

**Mob. No: 7007931268**

**Type – IV Residential Flat**

**Flat No – 02, First Floor,**

**AllIA, Goa Campus**

**Dr.Thrijil Krishnan E M**

Assistant Professor

Department of Rachana Sharir (Anatomy)

All India Institute of Ayurveda, Goa

**Mob: 9809336870**

**Flat No 205, Vaastu Footh,**

**Hot Pot Restaurant,**

**Opposite Hotel Shaurya Hotel,**

**Chimbel - Goa**

**Witness:**

**1. Signature**

**(Family Member/ Close relative)**

Full Name

S/o,D/o, W/o

Address

**2. Signature**

**(Family Member/ Close relative)**

Full Name

S/o,D/o, W/o

Address

**3. Signature**

**(Other than Family Member)**

Full Name

S/o,D/o, W/o

Address

**4. Signature**

**(Other than Family Member)**

Full Name

S/o,D/o, W/o

Address



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**DEPARTMENT OF RACHANA SHARIR (ANATOMY)**

**5. Signature**

**(Local Police Authority)**

Full Name

S/o,D/o, W/o

Address

**6. Signature**

**(Local Administrative Person)**

Full Name

S/o,D/o, W/o

Address

Dear Shri/Smt./ Km. \_\_\_\_\_ your will

( 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 Rachana Sharir (Anatomy)  
All India Institute of Ayurveda, Goa

**Dean (Academic & Administration)**

All India Institute of Ayurveda, Goa