



Bharateeya Sanskriti Prabhodini's
Gomantak Ayurveda Mahavidyalaya & Research Centre
Shiroda, Goa 403 103

CONSENT TO DONATE BODY AFTER DEATH

To
All my heirs
And all those relatives and friends
present at the time of death

I Mr./Mrs _____ resident of
_____ Goa, hereby give my
consent to donate my dead body to the Principal of Gomantak Ayurveda Mahavidyalaya and
Research Centre, Shiroda - Goa

I have no objection if my body is used for dissection and/or Research purpose.
My present age is _____ years

The date of giving my consent is _____. Please find enclosed along with
this consent form a Passport size copy of my photograph.

Signature of Donor

This consent form was signed in the presence of the following witnesses/relatives

1. Name:
Address:
Signature of relative:
2. Name:
Address:
Signature of relative
3. Name:
Address:
Signature of relative:

Please Note:

1. At the time of collection of dead body original copy of death Certificate and Xerox copies of Medical Certificate of cause of death and death report should be presented.

2. Please contact the number given below to donate the dead body

Dr. Mahesh Patil: 9923638626/2957305/2956827

Dr. Neelesh Korde: 7507656984