BODY DONATION PLEDGE FORM

Department of Anatomy, Maulana Azad Medical College, New Delhi

I		Son/Daughter/Wife of	
			Resident of (give
full address)			
			ody to the Anatomy Department,
MAM College, New I	Delhi after my d	leath for study, though disse	ection of my body under their care.
I hereby declare that object, for any reason	*	iding my heir, representativ	re, relative, etc will be entitled to
Immediately after m	y death, Sh/Sr	nt/Kumari (giv	ven relation)whose
signature is given belo	ow shall be resp	consible for informing the l	nospital authorities for removal of
my dead body.			
S:	4		
Signature of Applica	nt		Place
Date:			Place:
Phone number:			
•	-	for informing the Hospita	
Name of witness	Signature	Name & Relation:	Phone number:
Other witness if any	(Name, Signate	ure and Relation)	

Note:

- Please fill two forms and give one to your nearest relative or to the executor of your will and the second form should be sent to the Dean/ Head of the Anatomy Department, MAM College, New Delhi.
- 2. Enclosures to be attached at the time of death:
 - a) Photographs of the deceased (two)
 - b) Death Certificate (issued by a Registered Medical Practitioner)
 - c) Proof of Address of the deceased and donor.
 - d) Proof of Identity of the deceased and donor.
 - e) Police Information certificate.
 - f) Undertaking to take body back, in cases of refusal to accept, on certain medical grounds.
- 3. You can fill and scan the form and email it to: tempmamc@gmail.com with subject: Body Donation Pledge Form or you can post it to Body Donation Program, Department of Anatomy, Maulana Azad Medical College, Bahadurshah Zafar Marg, New Delhi 110002.
- 4. Contacts:
 - Dr Dinesh Kumar, Director Professor, Coordinator-Body Donation Program,
 Department of Anatomy, Maulana Medical College, 9969604208, 9811161617,
 01123239271 Ext 127.
 - Dr Sabita Mishra, Director Professor & Head of Department of Anatomy, Maulana Medical College, 9969604206, 01123239271 – Extn 123