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DEPARTMENT OF ANATOMY

Postgraduate Institute of Medical Education and Research, Chandigarh 160012

Department of Anatomy

WILL FORM FOR BODY DONATION

I …….....

S/O, W/O, D/O …….....

Resident of ……..……

…….....

……. Presently working as ……..……

Affix your Passport Size Photograph

Wish to make my last WILL in respect of my body after death. I hereby declare as under:-

1. This WILL does not cover my last WILL in respect of my moveable or immoveable property.
2. This WILL is my first and last WILL regarding the disposal of my body after death.
3. I offer and declare that after my death my body would be at the disposal of PGIMER Chandigarh. The institute shall be at liberty to deal with, dispose off in any manner or give it to some other medical institute as it may deem fit and my heirs and relatives shall not have any objection to such manner of disposal of my body.
4. It will be the responsibility of my heirs and relatives to inform the institute about my death in shortest possible time. The PGIMER will provide transportation only in Tricity (CHD, PKL & MOHALI).
5. This WILL, I have made at my own free WILL and without any pressure.
6. I believe that putting my dead body at the disposal of institute shall be better than consigning it in flames. I have informed my hires and relative about this WILL and they shall have no claim over my body.
7. After my death my family will prove a death declaration certificate issued by a registered Medical Practitioner to Department of Anatomy PGIMER at time of donation.
8. I hereby provide my consent for the utilization of the body for the purpose of research/teaching/ hands on cadaveric workshops.

Executed on dated..... in the presence of witness.

Witness – 1	**Witness – 2**
Name …….	Name …….
Age/Sex …….	Age/Sex …….
Relation …….	Relation …….
Address …….	Address …….
……...	……...
……	……
Mobile No. ……	Mobile No. ……
Signature ……...	Signature ……...
Date ……...	Date ……...

Signature of Donor ……

Mobile No. ……..……...

For Office Use Only

Registration No. …… Date……..……

Body Donation/Body Embalming Helpline:- 0172-2755201(Office), 9660030095(Mob.)

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BODY DONATION CARD

WHOLE-BODY DONATION CARD

Regd. No. …..... Dated ……
Donor Name …….....
S/o, D/o, W/o …….....
Age/Sex ……
Address ……..
……
……
Mobile No. …….

Affix photograph of Donor

Sign of Witness Sign of Donor

Witness Next of Kin & Telephone Number

TO WHOM IT MAY CONCERN

This is to certify that I have donated my body after death to the Department of Anatomy, PGIMER, Chandigarh for anatomical and scientific purposes. In the event of my death, contact the following for instructions of handling and transportation of my body outside the tricity my body will be transported by my family.

HOD Anatomy - 0172-2755201/2755202, 9417357035 (9 am to 5 pm)
(After 5 pm) 9660030095, 9888585362, 9582559730, 9888085052

I have submitted my will for donation of whole body to the above said Department Vice.

Registration No. …… Dated …….

Counter Signature
Head, Dptt. of Anatomy
PGIMER CHD.

Mandatory for family to provide death Declaration Certificate

Sign of Donor

WILL FORM & CARD will be send on:-

Postal Address

Department of Anatomy
Research Block - B
Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh, 160012
Contact No.:- 0172-2755201(Office), 9660030095(Mob.)