

**From**

**Date :**

**To**

**Dr. S. Mallikesan  
Medical Superintendent  
Sri Ramachandra Medical College and  
Research Institute,  
Porur, Chennai 600 116**

**Sir,**

**Sub: Donation of body – Reg**

**I desire to donate my body after death for teaching and research purposes to Sri Ramachandra Medical College and Hospital, Porur, Chennai 600 116.**

**I have taken this decision on my own volition purely out of humanitarian consideration and not out of any compulsion, coercion or consideration of any other kind whatsoever.**

**I request you to kindly accept this offer and arrange to take possession of my body on receiving the death message.**

**Thanking you,**

**Yours faithfully**

**ACCEPTANCE: (MEMBERS OF FAMILY)**

- 1.
- 2.
- 3.

**WITNESSES**

**NOTE:**

**Everyone of the family members should sign in the consent form. Besides writing their names in block letters, relationship should also be mentioned.**

**Everyone of the witnesses should write in block letters his or her name and address clearly. It is preferable that the witnesses are the Bank Manager where the donor has account and a Lawyer or any other dignified members of the public in the locality**

**The body should reach the hospital within six hours from the time of death and hence it is imperative that information be given to the hospital without any delay.**

**Information can be given over phone any time of the day or night to the Medical PSuperintendent whose phone numbers are given below:**

**DIRECT :**

**MOBILE NO. - 9840847652 / 9840999838**

**NURSING OFFICE - 9940184282**

**Message also can be given over phone to 24768402 our ambulance service.**