

BODY DONATION / APPLICATION FORM



Name PREMKUMARI Agarwal.  
Age (Date of Birth) 25-11-1958  
Gender Female.  
Occupation House Hold wife.  
Contact Address Near Jivan Jhoti clinic, Phone 09050844660  
TAUKRU Dist + Mewat.  
Whether Registered for Eye Donation NO Yes No

To,  
The Director,  
SHKM Govt. Medical College  
Nalhar, Mewat (Haryana)

Subject: - Voluntary Body Donation

Dear Sir,

I ~~we~~ are donating the body of my ~~our~~ Prem Kumari Agarwal voluntarily for the purpose of study and research work to SHKM GMC, Nalhar, Mewat, Haryana. The affidavit regarding this, No objection certificate from the near relatives and 2 Extra passport size photos are enclosed here with.

Yours Sincerely,

Dated: 05/12/15

Prem  
(Donor's Signature)

## NO OBJECTION FROM CLOSE RELATIVES

We, the undersigned have no objection to donate the body of ~~Shri~~ Smt.

Prem Agarwal who  
Dheram Kishore Agarwal Sh. Mumshikam Resident of  
Near Siwan Jyoti clinic, TAURU Aged 57 years.

After his/her death for educational purpose to Dept. of Anatomy. SHKM GMC, Nalhar,  
Mewat, Haryana.

	Name	Relation	Signature
1.	<u>D.K. Agarwal</u>	<u>wife.</u>	<u>D.K. Agarwal</u>
2.	<u>Nipun Agarwal</u>	<u>son</u>	<u>Nipun</u>
3.	_____	_____	_____
4.	_____	_____	_____



WILLINGNESS FORM FOR DONATION OF DEAD BODY  
AFTER DEATH

DEPARTMENT OF ANATOMY, SHKM GMC, NALHAR, MEWAT, HARYANA

Authority of /by the Donor

1. Prem Kumar Agarwal W.O.D. D.K. Agarwal Advocate  
Aged 57 Year, Resident of Neel Tiwan  
Jyoti Clinic Ward No 6 TAJRU Dist Mewat.

Hereby express my free and frank "WILL" to donate my dead body after my death to the Anatomy Department, SHKM GMC, Nalhar, Mewat, Haryana for the purpose of teaching of medical students.

Place: 5-12-2015

Date: 7 Nov

Time: \_\_\_\_\_

Prem  
Signature of Donor

Tel. No. 090 50844660

Name PREM Agarwal

Witness (next to kin)

Signature D.K. Agarwal

Name D.K. Agarwal

Relationship Husband

Signature Nipun

Name Nipun Agarwal

Relationship Son

The family members are advised to inform any of the following immediately after death:

1. Director, SHKM GMC, Nalhar, Mewat. (8222828282)
2. Head of the Department, Anatomy SHKM GMC, Nalhar, Mewat.
3. Office Superintendent, SHKM GMC, Nalhar, Mewat
4. Medical Superintendent, SHKM GMC, Nalhar, Mewat.



**ELECTION COMMISSION OF INDIA  
IDENTITY CARD**

भारत निर्वाचन आयोग  
परिचय पत्र

HR/06/59/150679



Elector's Name	: PREM LATA
निर्वाचक का नाम	: प्रेम लता
Father/Mother/Husband's Name	: DHARAM KISHORE
पिता/माता/पति का नाम	: धर्म किशोर
Sex / लिंग	: Female / स्त्री
Age as on 1.1.1995	: 36 Years
1.1.1995 का आयु	: 36 वर्ष

*Self Attesting  
Prem*



Address : HNO.122, TAORU WARD 6,  
TEH.NUH, DISTT.GURGAON

पता : म.नं.122, तावड़ु वार्ड-6,  
तेहनुह, जिला गुड़गांव

*[Handwritten signature]*

Attested by *[Handwritten signature]*

Facsimile Signature of  
Electoral Registration Officer  
for 59 - TADRU Constituency

*KHALIL AHMED  
Advocate & Solicitor  
L-10, Pat-Noh (N.R.) India*

59 - तावड़ु निर्वाचन क्षेत्र के  
निर्वाचक रजिस्ट्रीकरण अधिकारी  
के हस्ताक्षर की अनुकृति

Place : GURGAON  
स्थान : गुड़गांव

Date : 06.01.1996  
दिनांक : 06.01.1996

This Card may be used as an Identity Card under  
different Government Schemes.

इस पत्र को विभिन्न सरकारी योजनाओं के अन्तर्गत  
परिचय-पत्र के रूप में प्रयोग किया जा सकता है।

Duplicate Ration Card No. ①  
Date 5/7/2012

हरियाणा सरकार

डी-III

राशन कार्ड

(केवल राशन वस्तुओं के लिए)

1. वितरण क्षेत्र का नाम ताण्ड
2. राशन कार्ड संख्या 4608754
3. परिवार के मुखिया का नाम राम कृष्ण अग्रवाल
4. माता/पिता का नाम श्री. सुशीला
5. पत्नी/पति का नाम
6. मकान नं० D.F.-136 वार्ड/सेक्टर नं० 6
7. मोहल्ला/गली का नाम ताण्ड स्थान सुजयिका प्रसिदा  
स्थायी ठेका पता सुजयिका प्रसिदा

शहस्री की संख्या	व्यक्त	बच्चे	शिशु	जोड़
<u>4</u>	<u>4</u>	<u>-</u>	<u>-</u>	<u>4</u>



INSPECTOR FOOD & SUPPLIES  
TAURU (MEWAT)

कार्ड धारक के हस्ताक्षर [Signature]  
तिथि 05/07/12

वितरण अधिकारी के हस्ताक्षर व मोहर

INSPECTOR FOOD & SUPPLIES  
TAURU (MEWAT)