



**SHKM Govt. Medical College, Nalhar, Nuh  
Department of Anatomy**

No. SHKMGMCC/Anat/20.../.....

Date: -.....

**TO WHOM IT MAY CONCERN**

This is to certify that the voluntary body donation of Sri/Smt. -----  
Age-----s/o, f/o, w/o ----- resident of -----  
----- has been given to the Anatomy department of  
SHKM Govt. Medical College, Nalhar, Mewat. The body has been brought by  
his attendant Sri ----- at ----- am/pm on -----  
to Anatomy department. We appreciate the act of this nobility and owe regard to  
his/her family. After preservation (embalming) this body will be used for the  
teaching and demonstration purposes of MBBS Students.

Dr. Namita Mehrotra  
Prof. & Head

## BODY DONATION / APPLICATION FORM

Please Paste

Your

Photograph

Name

Age (Date of Birth)

Gender

Occupation

Contact Address \_\_\_\_\_ Phone \_\_\_\_\_

Whether Registered for Eye Donation -----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 \_\_\_\_\_ 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: -

(Donor's Signature)

# Receipt

Received an amount of Rs. ....

(In words) .....

For transporting the dead body of Mr. /Mrs. ....

Age.....R/o.....

.....From .....

to SHKM Govt. Medical College Nalhar, Mewat in department of Anatomy and  
back.

Full Name (Recipient)

Signature of recipient

## NO OBJECTION FROM CLOSE RELATIVES

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

\_\_\_\_\_ S/O \_\_\_\_\_ Resident of  
\_\_\_\_\_ Aged \_\_\_\_\_

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

	Name	Relation	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

## **AFFIDAVIT**

Where as I, \_\_\_\_\_ S/O \_\_\_\_\_ Resident of \_\_\_\_\_ want to make my last will in respect of my body. I hereby declare as under

This will does not cover my movable or immovable property.

These will is my last will regard the disposal of my body.

1. That after my death I had offered to donates my body to the SHKM GMC, Nalhar, Mewat, Haryana.

2. That after my death, my body would be at the disposal of the institute and now, as that there would be no dispute regarding it and my heirs may not have any objection regarding the disposal of my body.

3. I hereby declare that after my death, my body shall be placed at the disposal of the institute and the institute shall be at liberty to deal with or dispose of my body in any manner it takes and my relatives shall not have any objection to such manner of disposal of my body.

4. If my death takes place at place other than the institute, my heirs shall be responsible for informing the institute about my death and making my body available to the institute within the shortest time.

5. This will I have made at my free will and without any pressure of any kind and because I have got first belief that putting of dead body at the disposal of the institute shall be better than consigning the dead body to flames. This is my earnest desire that this will executed by me is noted upon by all heirs without any reservation. My heirs will have no claim of any kind over my dead body

Executed at ----- today the ----- in the presence of witnesses who have signed in my presence.

Witness:

1.

2.

**WILLINGNESS FORM FOR DONATION OF DEAD BODY  
AFTER DEATH**

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

**Authority of /by the Donor**

I, -----S/o, W/o, D/o-----  
-----Aged ----- Year, Resident of -----  
-----,

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: -----

Date: -----

Time: -----

Signature of Donor

Tel. No. -----

Name \_\_\_\_\_

Witness (next to kin)

Signature -----

Signature-----

Name -----

Name-----

Relationship -----

Relationship-----

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

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