

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.

Dr. Prem Agarwal who
Dharam Kishore Agarwal OS/ Sh. Mumukshu Ram. Resident of
Near Tiwan 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>Dr. Agarwal</u>	<u>wife.</u>	<u>Dr. Agarwal</u>
2.	<u>Nipun Agarwal</u>	<u>son</u>	<u>Nipun</u>
3.	_____	_____	_____
4.	_____	_____	_____

AFFIDAVIT

Where as I, smt. Bem Agarwal SO B. K. Agarwal Resident of
Meads Jiwon Jaghclinic TAUSRU do 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, Mevat, 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

Bem

Executed at Meh today the 05/12/15 in the presence of witnesses who have signed in my presence.

Witness:

1. D. S. Singh Adv
 2. S. K. Aggarwal Adv
TAUSRU Mevat
- M. M. M. (M. M. M. Adv)
Meh
5/12/15

attested as identified

KHALIL AHMED
Advocate & Notary
Mewat, Nuh India

5/12/15

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.O. D.K. Agarwal Advocate
Aged 57 Year, Resident of Near 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: 5-12-2015

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.

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

PREM KUMARI
MOTI LAL GOYAL
23/11/1958
Permanent Account Number
CESPK3703G

Prem
Signature



100/2011

Satisfied
Prem



Attested to be true copy
KHAULI AHMED
Advocate & L.L. Lawyer
Meerut, Uttar Pradesh, India
5/12



भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

समावेशन क्रम / Enrolment No. : 1211/73086/00774

To
Prem Kumari Aggarwal
प्रेम कुमारी अग्रवाल
W/O Dharam Kishore Aggarwal
d f - 136
near jwan jyoti klenik
ward no 6
Tauru
Tauru Mewat
Haryana - 122105
9050844660

12/09/2013



KL584802413FT

58480241



आपका आधार क्रमांक / Your Aadhaar No. :

8927 0440 7380

आधार - आम आदमी का अधिकार



भारत सरकार
Government of India

प्रेम कुमारी अग्रवाल
Prem Kumari Aggarwal



जन्म तिथि/DOB 23/11/1958
लिंग - Female

8927 0440 7380



आधार - आम आदमी का अधिकार



**ELECTION COMMISSION OF INDIA
IDENTITY CARD**

भारत निर्वाचन आयोग
पहचान 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 को आयु	: 36 वर्ष

*Self Attesting
Prem*



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

पता : म.क. 122, तावड़ु वार्ड-6,
तेह नुह, जिला गुड़गांव

[Handwritten Signature]

Attested in a copy

Facsimile Signature of
Electoral Registration Officer
for 59 - TAORU Constituency

*KHAILI AHMED
Advocate
Lucknow (U.P.) India*

59 - तावड़ु निर्वाचन क्षेत्र के
निर्वाचक रजिस्ट्रार के 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
पहचान-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 तावड़
2. राशन कार्ड संख्या 4608754
3. परिवार के मुखिया का नाम र. ग. निवाणर अग्रवाल
4. माता/पिता का नाम श्री. सुशीला
5. पत्नी/पति का नाम
6. मकान नं० DF-136 वार्ड/सेक्टर नं० 6
7. मोहल्ला/गली का नाम तावड़ राजपूत बस्ती
8. स्थाई डाक पता म. ला. ब. 1, कालीशक, तावड़

राशन कार्ड की संख्या	व्यस्क	बच्चे	शिशु	जोड़
<u>(4)</u>	<u>4</u>	<u>-</u>	<u>-</u>	<u>4</u>



INSPECTOR FOOD & SUPPLIES
TAURI (MEWAT)

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

वितरण अधिकारी के हस्ताक्षर व मोहर
तिथि 05/07/12
INSPECTOR FOOD & SUPPLIES
TAURI (MEWAT)

