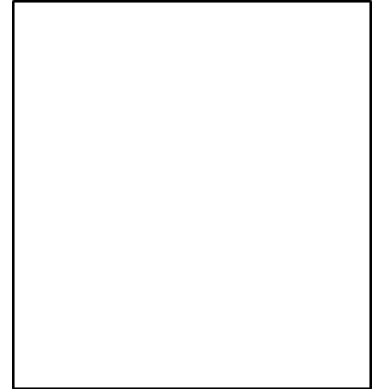


Body Donation

(Declaration of Bequest)

(To whomsoever it may concern)

Approved Text of Will for Donation of Human Bodies to the GIMS,
Greater Noida (UP) for Research and Scientific Purposes



I, _____ son/daughter/wife of _____

_____ resident of _____ (Address)

hereby make this as my last will regarding the disposal of my dead body after my death,
thereby revoking all other.

WHEREAS I am of sound mind and do so of my own free accord, will and act,

WHEREAS I am desirous of donating my body after my death for the good cause of humanity
and progress of Medical Sciences, and

WHEREAS I have expressed my desire to my next of kins and other family members of donating
my dead body after my death and they have no objection to such donation.

DATE OF WILL: ____/____/____ PLACE _____

DATE OF BIRTH: ____/____/____ AGE: ____ Years ____ Months

OCCUPATION:

PERMANENT ADDRESS:

PRESENT ADDRESS:

E-MAIL ADDRESS:

ADHAR CARD NUMBER:

CELL PHONE NUMBER:

MARKS OF IDENTIFICATION:

- 1.
- 2.

DISEASES PRESENTLY KNOWN:

- 1.
- 2.
- 3.

MISSING BODY PARTS:

- 1.
- 2.

ANY IMPLANTS/ PROSTHESIS:

I hereby, by this will, bequeath my body after death to Government Institute of Medical Sciences, Greater Noida absolutely with full powers to use it or dispose it of as they like, and appoint the Director/Head of department, Anatomy of the said Institute as the Executor.

(SIGNATURE OF THE DONOR/THE TESTATOR)

Particulars of the nearest relation who is likely to dispose my mortal remains and who is aware of my wish to donate my body after death to the Department of Anatomy, Government Institute of Medical Sciences, Greater Noida and with whom a copy of the body donation form is kept.

1. **FULL NAME:**

RELATIONSHIP:

ADDRESS:

E-MAIL ADDRESS:

Adhar card number:

CELL PHONE NUMBER:

(SIGNATURE OF NEXT KITH AND KIN)

2. **FULL NAME:**

RELATIONSHIP:

ADDRESS:

E-MAIL ADDRESS:

ADHAR CARD NUMBER:

CELL PHONE NUMBER:

(SIGNATURE OF NEXT KITH AND KIN)

ATTESTATION BY DONOR