

APPLICATION FORM (PLEDGE FORM) FOR WHOLE BODY DONATION

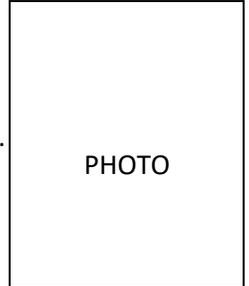
NAMEFATHER/HUSBAND/WIFE.....

DATE OF BIRTH.....AGE.....SEX.....

PRESENT ADDRESS.....

PERMANENT RESIDENTIAL ADDRESS.....

PROFESSION.....CONTACT NO.....



I do hereby pledge my mortal body to the department of Anatomy, Veer Surendra Sai Institute of Medical Sciences & Research (VIMSAR), Burla, Sambalpur to be utilized for academic research and related purposes without any prejudice or precondition. I declare that in case of my brain death, body will be handed over at the disposal of the Medical college for proper utilization of my body. I understand that this pledge will not, in any way affect any legal claim.

I further declare that this pledge has been made voluntarily with good health and full consciousness and not under any pressure. I do hereby undertake the responsibility to inform about the pledge to the jurisdictional police station and also my of kin/legal heirs about this pledge for smooth execution of the process.

Date _____ Place _____

Witness

(Two Passport photographs to be submitted)

Signature

Declaration by Next of Keen/Legal heirs

I/We do hereby agree to honour the pledge signed

By.....

Son/daughter/husband/wife/others ofand also handover His /Her dead body after brain death along with the original Death Declaration Certificate.

Sl. No.	Name in Full (Capital letter)	Relation with Donor	Full Signature
1.			
2.			
3.			

Date _____ Place _____

Note

*The application form is to be executed in a stamp paper preferably by a Notary

*Photocopy of photo identity card/address proof of the Donor and next of keen are to be enclosed & sent to Prof. & HoD, Anatomy VIMSAR, Burla.