

DONOR DETAILS

Reg No:

Date of Reg

Name:

Male/ Female

Age

Marital status: Married/Unmarried

Education:

EMPLOYMENT DETAILS:

Employed/Unemployed/Housewife/

Retired/Own Business

Designation and office address with phone no:

Present residential address with phone no:

Donor's Signature:

PLEASE REMEMBER:

- The body should reach with in six hours after death. Early communication will help this event.
- If you are an eye donor put wet cloth on both eyes and Contact 080-40503206 immediately. (within four hours).

Death certificate by registered Medical practitioner is Mandatory.

Tel Nos to contact:

College: 080-23605408,23605190

Hospital: 080-23600867,Extn.269

Casualty: 080-23608888,Extn.2269

P.R.O: 080-23608888,Extn.2230/ 080-23609999

I.....aged..... in the presence of persons mentioned below hereby unequivocally have agreed to donate the mortal remains, after my death.

Date

Signature

WITNESS:

1. Shri/Smt.....

Age.....

Resident of.....

.....

.....

.....

Phone No:.....

E mail I.D.....

Date

Signature

CONSENT:

2. Shri/Smt.....

Age.....

S/o, D/o, W/o.....

Resident of.....

.....

.....

Have no objection for this decision.

Phone No

E mail I.D

Date

Signature