

FORM-I
DONOR APPLICATION FORM

Registration No..... (To be allotted by the institution)

To:
The Dean/ Principal/ HOD- Anatomy
M S RAMAIAH MEDICAL COLLEGE, Bangalore-54

I (Mr/Mrs/Miss.....) born on.....aged
..... Years, W/O, H/O, S/O, D/O, (Please strike out which is not
applicable) wish to donate my body after my death (if medically acceptable) to the Department of
Anatomy, M S Ramaiah Medical College, Bangalore.

I declare that at the time of writing this donor application form, I am in sound state of mind and I
propose to donate my body voluntarily, for the cause of humanity. I understand that my body will
be used for the purpose of medical education and research and I have no objection whatsoever for
this utility including transplantation of any organ to other patients. I am not seeking any gains,
monetary or otherwise in this donation. I am also not appending any conditions, binding on M S
Ramaiah Medical College in offering this donation.

I have made no declarations to the effect of donation of my dead body to any other agency/
medical institution till date.

I have informed my near kith & kin relatives regarding this. Their No Objection Certificate for
the same is enclosed together with the details. The members of my family and any of my relatives
do not have any right whatsoever to claim my body after my death. There will be no religious,
social or legal objection to this proposal. I have given instructions to them that, after my death
they should hand over my dead body (as soon as any religious ceremonies are over) to the
Department of Anatomy, M S Ramaiah Medical College, Bangalore-54.

Thanking you,

Yours Sincerely

(Signature of the Donor)

Witness:

1.

Signature

Name & Address

Relationship with Donor

2.

Signature

Name & Address

Relationship with Donor

FORM-II

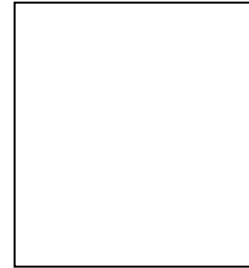
DETAILS OF THE BODY DONOR

Registration No:

Date:

1. Name of the Donor
2. Sex: Male/ Female
3. Age
4. Marital Status: Married/Unmarried
5. Education:
6. Employment Details:
Employed/Unemployed/Housewife/
Retired/Own business
7. No. of dependents & their details:
Wife/Husband
Sons
Daughters
Father
Mother
8. Designation and Office address with phone no:
9. Present residential address with phone no:
10. Permanent residential address if it is different from the present address:

Recent Passport size
Photograph



Donor's Signature:

Note:

- ❖ **The body starts decomposing after 6-8 hours after death. So the body should reach the department within 6-8 hours after death.**
- ❖ **Death certificate by registered Medical Practitioner is Mandatory.**

FORM-III
CONSENT/ NO OBJECTION CERTIFICATE

Dated:

This certificate is to be issued by one or more of the following: near relations of the deceased (as may be applicable): Sons / Daughters / Husband / Wife / Legal guardian.

I / We the undersigned individuals solemnly affirm and declare as under:

I / We have no objection whatsoever for this donation.

I / We declare to abide by the donor's wish and agree to inform the Head, Department of Anatomy and transfer the body to the department of Anatomy, M S Ramaiah Medical College, Bangalore-54.

Donor's Registration No.....
(To be allotted by the institution)

Date:

Place:

Signature/s

Name and address of each of the signatories together with phone and fax numbers.
Mention the relation to the Donor.

M S RAMAIAH MEDICAL COLLEGE AND HOSPITAL
MSR NAGAR, MSRIT POST, BANGALORE-560 054
COLLEGE TEL: 080-23605190/23607473/23603476
FAX: 080-23606213
HOSPITAL TEL: 080-23600867, Extn.269 (Roaming no. 23608888/23609999)