DONOR DETAILS

Reg I	No:		Date of Reg:	
Nam	e:		_	
Age:	Gender: Male / Female		Affix one passport size	
_	tal status: Married/Unmarried		photo	
	ration:			
	LOYMENT DETAILS:			
	loyed/Unemployed/Housewife/ Retired/0	wn Business	2 Passport/stamp size	
_	gnation and office address with phone no:		photos to be sent with the enrollment form	
	,		em omment form	
Pres	ent residential address with phone no:			
			Donor's Signature:	
PLEA	ASE REMEMBER:			
	The body should reach with in six hours aft		communication will help this event. tact 080-40503206 immediately. (within four	
	Death certificate by registered Medica	ıl practitioner (MBBS Qualified Only) is Mandatory.	
Tel N	los to contact:			
Colle Casua	ge: 080-23605408/23605190/23601742 alty: 080-40502699/40502600 co Social Welfare Dept.: 8884412753	Hospital: 080-23608888 / 23609999/40502000 P.R.0: 080-40502781/40503060 Dept. Anatomy: 9591551563		
Meui	co social Wellare Dept.: 0004412733	Dept. Anaton	ly: 9391331303	
I	agedaged	in the presen	ce of persons mentioned below hereby	
uneq	uivocally have agreed to donate the mortal re	mains, after my o	death.	
Date				
Date			Signature	
WIT	NESS CONSENT: Have no objection for this de	cision.		
1.	Shri/Smt	2.	Shri/Smt	
	Relationship with Donor:		Relationship with Donor:	
	Age		Age	
	Address:		Address:	
	Phone No:		Phone No:	
	E mail I.D:		E mail I.D:	
	Date:		Date:	
	Signature:		Signature:	