



## **DONOR DETAILS**

**Reg No:**

**Date of Reg:**

**Name:**

**Age:**                      **Gender: Male / Female**

**Marital status: Married/Unmarried**

**Education:**

**EMPLOYMENT DETAILS:**

**Employed/Unemployed/Housewife/ Retired/Own Business**

**Designation and office address with phone no:**

Affix one passport size  
photo

3 Passport/stamp size  
photos to be sent with  
the enrollment form

**Present residential address with phone no:**

**Donor's Signature:**

---

### **PLEASE REMEMBER:**

The body should reach within 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 (MBBS Qualified Only) is Mandatory.**

### **Tel Nos to contact:**

College: 080-23605190 Extn.: 1323

Casualty: 080-40502699/40502600

Dept. Anatomy: 9591551563

Hospital: 080-23608888 / 23609999/40502000

P.R.O: 080-40502781/40503060

Medico Social Welfare Dept.: 8884412753

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

Date

Signature

**WITNESS CONSENT:** Have no objection for this decision.

1. Shri/Smt .....

Relationship with Donor:.....

Age .....

Address: .....

.....

.....

Phone No: .....

E mail I.D: .....

Date: .....

Signature:

2. Shri/Smt .....

Relationship with Donor: .....

Age .....

Address: .....

.....

.....

Phone No: .....

E mail I.D: .....

Date: .....

Signature: