



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR (RAJASTHAN)

Basni Industrial Area, Jodhpur (Rajasthan) 342005 INDIA

Form No:.....

Date:.....

VOLUNTARY BODY DONATION FORM

Passport Size
Photograph

I s/o, d/o, w/o
R/o
age..... am willing to voluntarily donate my body after my death to All India Institute of Medical Sciences, Jodhpur (Rajasthan) for medical teaching & research purpose.

I desire that my next of the kin and member of my family, who will be present at the time of my death, will donate my body to All India Institute of Medical Sciences, Jodhpur (Rajasthan) on my behalf. Accordingly they will inform Department of Anatomy, All India Institute of Medical Sciences, Jodhpur (Rajasthan) regarding my death.

Witnesses Signature _____

(Signature with full name)

Full Name _____

Full address with Contact No.

Address _____

Contact No. _____

Witnesses Signature _____

Full Name _____

Address _____

Contact No. _____