FORM - 4

DEPARTMENT OF ANATOMY

Hinduhridaysamrat Balasaheb Thackeray Medical College and
Dr. R. N. Cooper Municipal General Hospital, Vile Parle, Mumbai-400056.
Tel. No. Off. 02226210045 ext. -101,155,156
Email - dehdaanhbtmc@gmail.com

BODY DONATION REGISTRATION FORM

Name of the Donor:_____

Address: _____

_____

Age: _____ **Gender**_____

AADHAR number: _____ **Phone:** _____

Paste 1 photo here & submit 2 more with the form.

To,
The Professor& Head,
Department of Anatomy,
HBTMC & RNCH
Vile Parle West, Mumbai
Tel. No.: 02226210045

Date: / /

Dear Madam,

I desire that, after my death my body be donated for the purpose of study and/ orresearch work to H. B.T. Medical College & Dr. R. N. Cooper Municipal General Hospital, Vile Parle,and Mumbai.

I expect that the person / persons lawfully in-charge of my body after my death shall respect my wish and abide by the rules and regulations detailed in the registration form.

Yours sincerely,

_____
(Donor's signature and full name)

WITNESSES:Name	**Relation &Address**	**Contact no. &Sign**
1. _____	_____	_____
2. _____	_____	_____

*Husband / wife, son,daughter, daughter-in- law, son-in-law, brothers, sisters, grandson, granddaughter and also by family doctor. If the donor has no relatives as enumerated above, the person / persons who will have lawful possession of his/ her body after his/ her death, can sign as witness.

Documents to be submitted with the registration form:

1. Photocopy of ID card of donor(AADHAR/PAN/Driving Licence)
2. Three (3) passport size photographs of donor

Documents required with the deceased body:

1. Cause of Death Certificate - original copy
2. Photocopy of ID proof of deceased and 1st / close relative