

JSS MEDICAL COLLEGE, DEPT. OF ANATOMY
JSS MEDICAL COLLEGE BODY DONATION PROGRAM

Sri Shivarathreeshwara Nagar, Mysuru-570 015, Karnataka, India

VOLUNTARY BODY DONATION DECLARATION FORM

To,
 The Principal
 JSS Medical College, JSS AHER
 SS Nagar, Mysuru-570015

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sir,
 I am writing this form to declare that, I would like to donate my body after death, I am totally convinced that after death the benefits of body donation to mankind are greater than traditional rituals. Hence, I hereby permit the Principal / Head of Anatomy Department, JSS Medical College to receive my body after death. You may use my body completely for education and research purposes in any form.

While accepting my body or while using it for research, I wish that no one shall cause any inconvenience or problem. I am extremely happy that I am donating my body. I have taken this decision on my own volition, in a sound state of mind without any compulsion.

Personal details are as follows :

Reg. No.

1. Name (Block Letters)	2. Profession	
3. Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age Religion
4. Family Members	Father	Childrens
	Mother	1)
	Spouse	2)
5. Permanent Address		
6. Phone Number & e-mail		
7. Identification marks	1) 2)	

Signature

Acceptance of Relatives / Friends, who would fulfill my last wish to donate the body after death

Relative / Friends Name	1)	2)
Relationship		
Address		
Ph. / Mob. No.		
Signature		