

**FORM I**  
**DONOR APPLICATION FORM**

Registration No. .... (To be allotted by the institution)

To,

**The Professor & Head, Dept of Anatomy**  
St. John's Medical College, Bangalore - 560 034.

I (Mr/Mrs/Miss.....) born on.....aged  
.....years W/O, H/O, S/O, D/O, .....(please fill in  
detail as applicable and delete the rest) wish to donate my body after my death ( if medically acceptable)  
to the Department of Anatomy, St. John's Medical College, Bangalore.

I declare that at the time writing this donor application form I am in sound mental health and I propose to donate my body voluntarily, in order to serve humanity. I understand that my body will be used for the purpose of medical education and research and I have no objection whatsoever for this utility. I am not seeking any gains, monetary or otherwise in this donation. I am also not appending any conditions, binding on St. John's Medical College in offering this donation. I understand that this voluntary donation is permitted by the Karnataka Anatomy Act (Amendment) 1998.

I have made no declarations to the effect of donation of my dead body to any other agency/ medical institution till date.

I have agreed to donate/not donate my eyes already. (If yes please give details of the eye collecting agency.)

I have informed my near relatives regarding this. Their no objection certificate for the same is enclosed together with the details. I have given instructions to them that after my death they should hand over my dead body ( as soon as any religious ceremonies are over) to the Department of Anatomy, St. John's Medical College, Bangalore - 560 034.

Thanking You,

Your's Sincerely,

\_\_\_\_\_  
(Signature of the Donor)

Name & Address

Witness:

1.....  
Signature  
Name and Address

Relationship with Donor

2.....  
Signature

Relationship with Donor

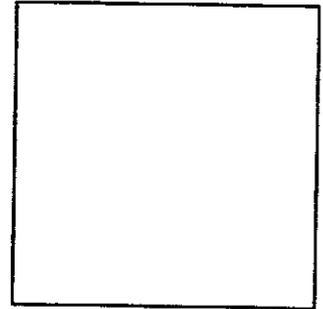
**FORM II**  
**DETAILS OF THE BODY DONOR**

Registration No.....

Date:.....

1. Name of the Donor:
2. Sex: Male/Female
3. Age.....
4. Marital Status : Married / Unmarried
5. Education:
6. Employment details:  
Employed / Unemployed / House wife /  
Retired / Own Business
7. Source of this donation information:
8. Designation and office address with phone no:
9. Present residential address with phone no:
10. Permanent residential address if it is different from the present address:
11. Explain why you want to donate your body.
12. Any other information / feedback you wish to provide.

Recent Passport  
size Photograph



Donor's Signature:

**FORM III**  
**CONSENT / NO OBJECTION CERTIFICATE**

Date.....

This certificate is to be issued by one and more of the following: near relations of the deceased (as may be applicable): SON/DAUGHTERS/HUSBAND/WIFE/LEGAL GUARDIAN.

To

**The Professor & Head, Dept of Anatomy**  
St. John's Medical College, Bangalore - 560 034.

Dear Sir, / Madam,

I/We the undersigned individuals solemnly affirm and declare as under:

- 1 I/We have no objection whatsoever for this donation.
- 2 I/We declare to abide by the donor's wish and agree to inform the Head, Dept of Anatomy and transfer the body to the Dept of Anatomy, St. John's Medical College, Bangalore - 34.

Donor's Registration No.....  
(to be allotted by the Institution)

Date:

Signature/s

Place:

Name and address of each of the signatories together with phone, pager, mobile, email and fax numbers. Mention the relation to the donor.