

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

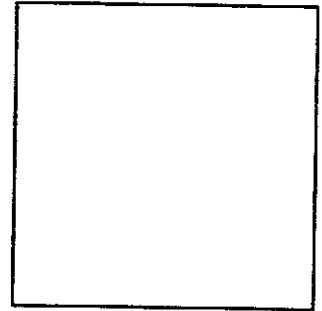
FORM II
DETAILS OF THE BODY DONOR

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.