

BODY DONATION FORM

FROM:

Tel. No.: _____

To,

The Professor & Head,
Department of Anatomy, Grant Medical College ,
J. J. Group Hospital, Mumbai - 400 008.
Phone Nos.: 022-2376 9400 / 0943 / 2373 5555

OR

Lokmanya Tilak Municipal Medical Collage,
Sion Hospital, Sion, Mumbai - 400 022.
Phone Nos.:022-2407 6381 / 6382/2409 5099



Date :

Dear Doctor,

I desire to donate my entire body after my death for study and other uses.

Kindly accept the same.

Thanking you,

Yours faithfully,

Signature

No objection from close relatives

We have no objection to donate the Body of Shri. / Ms. _____

age _____ after his / her death, for educational and other purpose to Anatomy

Department, grant Medical College & Sir J. J. Group of Hospital & Sion Hospital.

| Tel No. | Name | Relation |
|-----------|------|----------|
| Signature | | |

N.B. : - Close Relation – Father, Mother, Husband, Wife, Son, Daughter, Brother, Sister etc.