



# **SYMBIOSIS MEDICAL COLLEGE FOR WOMEN (SMCW)**

**A Constituent of Symbiosis International (Deemed University)**

(Established under section 3 of the UGC Act, 1956)

**Re-accredited by NAAC with 'A' grade**

Founder: Prof. Dr. S. B. Mujumdar, M. Sc., Ph. D. (Awarded Padma Bhushan and Padma Shri by President of India)

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## **DEPARTMENT OF ANATOMY**

**e-mail: hod.anatomy@smcw.siu.edu.in Tel num: 02061930000**

### **BODY DONATION - REGISTRATION FORM**

RegNum	
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ years

Gender: \_\_\_\_\_

Phone: \_\_\_\_\_

Aadhaar card no: \_\_\_\_\_ Date: .../...../20.....

To,  
Professor & Head,  
Department of Anatomy,  
Symbiosis Medical College for Women,  
Lavale, Pune.

Dear Sir / Madam,

I do hereby express my wish that, after my death, my body be donated at Symbiosis Medical College, Lavale, Pune, for the purpose of study and /or research work.

I do hereby make it clear that, my desire of donating the body has been expressed voluntary, without any undue pressure, force, influence or coercion. I have expressed desire by my own, purely out of social responsibility.

I have taken this decision of donating the body out of my own will and wishes and without any pressure or persuasions from any corner and I am physically and mentally fit and of sound mind to execute this my last will and testaments.

I request you to kindly register my name for the same. I expect that the person / persons lawfully in-charge of my body after my death shall respect my wish and would try to execute by last will of donating my body after my death.

I have fully understood the rules and regulations of the Symbiosis Medical College for Women in respect of body donation.

Yours sincerely,

\_\_\_\_\_  
\_\_\_\_\_

(Donor's signature and full name)

**BODY DONATION - NO OBJECTION FROM CLOSE RELATIVES \***

We, the undersigned, have no objection to donate the body of Shri / Smt. \_\_\_\_\_ aged \_\_\_\_\_ years, after his / her death for educational and / or research purpose to Symbiosis Medical College, Lavale, Pune, as per his/her desire.

S, No	Name and address	Relation	Signature	Mobile number
1				
2				
3				
4				

(please submit ID and address proof of the donor and the signatory relatives)

Head of Dept

Department of Anatomy