



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)

DEPARTMENT OF ANATOMY

e-mail: hod.anatomy@smcw.siu.edu.in

Telephone Nos:- 020-61930000 (Extn-4158)

07262002426

07262002427

BODY DONATION FORM

Name: _____

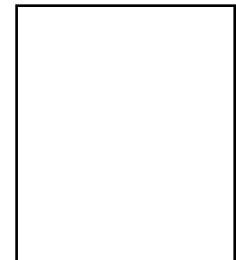
Address: _____

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 the undersigned wish that, the body of my..... (relation), name (of Donor) be donated at Symbiosis Medical College, Lavale, Pune, for the purpose of study and /or research work.

I do hereby make it clear that, desire of Donor of donating the body had been expressed voluntary, without any undue pressure, force, influence or coercion. He/She had expressed desire by his/her own, purely out of social responsibility.

Donor had taken decision of donating the body out of his/her own will and wishes and without any pressure or persuasions from any corner and he/she was physically and mentally fit and of sound mind while making his/her last will and testaments.

I request you to kindly accept the body and use it for purpose of anatomical dissection and research purposes.

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

Yours sincerely,

Donor's relative's signature and full name

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 for Women, Lavale, Pune, as per his/her desire.

S. No	Name and address	Relation & Age	Mobile Number	Signature
1.				
2.				
3.				

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

Head of Department
Department of Anatomy

The above form should be posted at the following address.

(To, Department of Anatomy, Building No 4, Symbiosis Medical College for Women, Lavale, Pune – 412115)