



**SYMBIOSIS MEDICAL COLLEGE FOR WOMEN  
SYMBIOSIS UNIVERSITY HOSPITAL & RESEARCH CENTRE**



Accredited by 'NABH'

**Symbiosis International (Deemed University)**

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

Re-accredited by NAAC with 'A++' Grade | Awarded Category - I by UGC

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](mailto:hod.anatomy@smcw.siu.edu.in)

Telephone no - 07262002426

07262002427

020-61930000 (Extn-4158)

**BODY DONATION - REGISTRATION FORM**

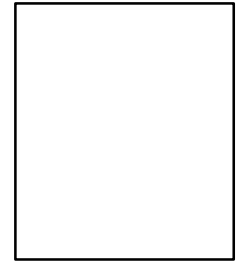
Name: \_\_\_\_\_

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

Age: \_\_\_\_\_ years, Gender: \_\_\_\_\_

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

Aadhaar card no: \_\_\_\_\_



Date: \_\_/\_\_/20\_\_

**Reg No**

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 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)**



## DEPARTMENT OF ANATOMY

### Guidelines & Instructions for the Voluntary Body Donation

#### **I. Documents required for registration of body donation:**

1. One of the following Identity Cards- Aadhar card/ PAN card / Passport.
2. Address proof of the donor- Aadhar card copy
3. Two passport size photographs
4. Two Relative Aadhar card copy

#### **II. Documents required at the time of body donation:**

1. Death certificate by registered Medical Practitioner MBBS/MD and above.
2. Form no – 4 information to municipal corporation, local authority.
3. “*Samshān Dakhla*” mentioning body donated to “Symbiosis Medical College for Women, Lavale, Pune”.
4. Aadhar Card – One of the donor, Two near relatives.
5. One passport size photograph

#### **III. Instructions:**

1. The legal heirs or near relatives must inform about the death of the donor to the Institute immediately after the demise of the donor.
2. Body should be donated to Institute within 4 hours of the death. If it requires more than 4 hours, then body should be kept in cold storage chamber.
3. Verification of the documents of the dead body would be done in the Department of Anatomy and the relatives have to come for verification of documents.
4. Body donation is voluntary.
5. The body may either be used immediately or preserved for variable period of time for future use.
6. If, in any case, dead body is brought after 5:00pm or non-working days/Sunday/Government holiday then relatives have to come on immediate working day for verification of documents.
7. After full utilization, the remains will be scientifically disposed as per guidelines of Govt of India.
8. Please note that filling up of this form doesn't make any compulsion on

the institution to accept the dead body. To accept the body or not is totally within the discretion of the Institution and totally depended upon the requirement of the institution.

**IV. Body donation would be rejected under following circumstances:**

1. Accidental death
2. Post mortem
3. Suicide
4. Any other medico legal case
5. Highly Infectious body
6. HIV affected body
7. Body with Hepatitis infection
8. Body with T.B Infection
9. Burn case
10. Bed sore
11. if. in any case, a storage place is not available to keep the body
12. For any other reason which according to the views and opinion of the authority the body is not in a state to be accepted for the required purpose.

**V. Documents given after acceptance of dead body by the Institute:**

The Body Donation Certificate will be provided in the name of near relatives/any other as per the Maharashtra Anatomy Act, whose name and signature is mentioned in the form to be filled at the time of the body donation.

**CONTACT:**

**E-mail:** [hod.anatomy@smcw.siu.edu.in](mailto:hod.anatomy@smcw.siu.edu.in)

**Telephone numbers:**

Pune 07262002426: Department of Anatomy, Symbiosis medical college for women,

Pune 07262002427: Department of Anatomy, Symbiosis medical college for women,

020-61930000 (Extn-4158): Department of Anatomy

09822401815: Dr.Mandar Ambike (HOD, Department of Anatomy)

08558870345: Dr.Arunprasad (Assistant Professor, Department of Anatomy)

09036836799: Dr.Daksha Dixit (Professor, Department of Anatomy)

09421055254: Dr.Supriya Methapatil (Professor, Department of Anatomy)

09921603073: Dr.Sunit Jadhav (Associate Professor, Department of Anatomy)

09940695046: Dr.Vijaykumar (Assistant Professor, Department of Anatomy)