

**FORM 1**  
**(REGISTRATION FORM)**

**TEXT OF WILL FOR DONATION OF HUMAN BODIES TO THE NIMHANS FOR RESEARCH AND SCIENTIFIC PURPOSES**

**(To be Filled by Person desirous of donating body after his/her death)**

I, \_\_\_\_\_ son/daughter/wife  
of \_\_\_\_\_ resident of (full postal address)

\_\_\_\_\_ hereby make this as my last will regarding the disposal of my dead body after my death, thereby revoking all other Wills and Codicils heretofore make by me in context hereto.

WHEREAS I am of sound mind and do so of my own free accord, will and act, and

WHEREAS I am desirous of donating my body after my death for the good cause of humanity and progress of Medical Sciences.

AND WHEREAS I have expressed my desire of donating my dead body after my death to my next of kin and other members of my family and they have no objection to such donation of my dead body after my death for the said cause.

I hereby, by this will, bequeath my body after death to **Advanced Neurosurgery Skills Centre, Department of Neurosurgery. National Institute of Mental health and Neurosciences, Bengaluru**, absolutely with full powers to use it or dispose it of as they like, and appoint the Director of the said Institute as the Executor.

In witness thereof, I have signed this Will hereunder on this \_\_\_\_\_(day) of (month) \_\_\_\_\_ Year \_\_\_\_\_ as the Testator in the presence of next of kin as the witness (es).

Signed by the above-named testator in my presence on the same day and each of us has in presence of the Testator signed his name hereunder as attesting witness (es)

<b>Signature of Donor/Testator</b>	<b>Signature of next of Kin</b>
Address:	Relationship with Donor
	Address:

<b>Witness 1</b>	<b>Witness 2</b>
<b>Signature</b>	<b>Signature</b>
Name :	Name:
Relationship:	Relationship:
Address:	Address:

**Co-Ordinator of Body Donation/ In-charge Neurosurgical Skills Center**

Signature:	Signature:
Name :	Name: <b>DR. DWARAKANATH .S</b>
Designation:	Designation: <b>Professor and Head</b>
Department:	Address: <b>Department of Neurosurgery, 2<sup>nd</sup> Floor, Faculty Block, NIMHANS, Bengaluru-560029</b>

**FORM 1A: DONOR DETAILS**

(To be Filled by Person desirous of donating body after his/her death)  
(Office copy)

**Reg No:** \_\_\_\_\_

**Date of Reg:** \_\_\_/\_\_\_/\_\_\_\_\_

Affix one passport size photo

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

**Age/Sex:** \_\_\_\_\_yrs/\_\_\_\_\_

2 Passport/stamp size photos to be sent with the Registration form

**Marital status:** Married/Unmarried

**Employment Details:** Employed/Unemployed/Housewife/ Retired/Own Business

**Designation and office address with phone no:**

**Present residential address with phone no:**

**Donor's Signature:**

**PLEASE REMEMBER:**

- The body should reach with in six hours after death. Early communication will help this event.
- If you are an eye donor put wet cloth on both eyes and Contact 080-26995501,08026995403 immediately. (within four hours).
- **Death certificate by registered Medical practitioner (MBBS Qualified Only) is Mandatory.**

I ..... aged ..... in the presence of persons mentioned below hereby unequivocally have agreed to donate the mortal remains, after my death.

-----X-----X-----X-----X-----

**BODY DONOR POCKET CARD**

(To be kept by the Donor who has pledged his/her Body)

Kindly inform the Departments of Neurosurgery, NIMHANS (080-26995403,080-26995501) immediately on my demise and help item to fulfil my last desire.

Thank you,

Date.....

**Signature of the Donor**

**FORM 1A: DONOR DETAILS**

(To be Filled by Person desirous of donating body after his/her death)  
(Donor copy)

**Reg No:** \_\_\_\_\_

**Date of Reg:** \_\_\_/\_\_\_/\_\_\_\_\_

Affix one passport size photo

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

**Age/Sex:** \_\_\_\_\_yrs/\_\_\_\_\_

2 Passport/stamp size photos to be sent with the Registration form

**Marital status:** Married/Unmarried

**Employment Details:** Employed/Unemployed/Housewife/ Retired/Own Business

**Designation and office address with phone no:**

**Present residential address with phone no:**

**Donor's Signature:**

**PLEASE REMEMBER:**

- The body should reach with in six hours after death. Early communication will help this event.
- If you are an eye donor put wet cloth on both eyes and Contact 080-26995501,08026995403 immediately. (within four hours).
- **Death certificate by registered Medical practitioner (MBBS Qualified Only) is Mandatory.**

I ..... aged ..... in the presence of persons mentioned below hereby unequivocally have agreed to donate the mortal remains, after my death.

-----X-----X-----X-----X-----

**BODY DONOR POCKET CARD**

(To be kept by the Donor who has pledged his/her Body)

Kindly inform the Departments of Neurosurgery, NIMHANS (080-26995403,080-26995501) immediately on my demise and help item to fulfil my last desire.

Thank you,

Date.....

**Signature of the Donor**

**FORM 2**  
**DECLARATION AND CONSENT FORM**

**(To be filled by near relative or lawful possessor of body of the person after death)**

I.....S/o,D/o,W/o.....  
aged....., resident of .....  
..... in the presence  
of persons mentioned below, hereby declare that:

1. I have been informed that my relative (specify relation)  
..... S/o,D/o,W/o .....  
aged..... has been declared brain-stem dead / dead.

2. To the best of my knowledge (Strike off whichever is not applicable):
- (a)He/She .....(Name of the deceased)  
had/had not, authorised before his/her death, the donation of his/her body or any organ/tissue of his/her body after his/her death for therapeutic or education and research purposes. The documentary proof of such authorisation is enclosed/not available.
  - (b) He/She .....(Name of the deceased)  
had not revoked the authority as at No. 2 (a) above (If applicable).
  - (c)There are reasons to believe that no near relative of the said deceased person has objection to any of his/her body or organs/tissue of his/her body being used for therapeutic or education and research purposes.

3. I have been informed that in the absence of such authorisation, I have the option to either authorise or decline donation of his/her body or organ/tissue/both including eye/cornea of..... (Name of the deceased) for therapeutic or education and research purposes. I also understand that if corneas/eyes are not found suitable for therapeutic purpose, then may be used for education/research.

4. I hereby authorise / do not authorize removal of his/her body or organ(s) and/or tissue(s), namely (Any organ and tissue/ Kidney /Liver/ Heart /Lungs /Intestine /Cornea /Skin /Bone /Heart Valve /Any other; please specify) .....for therapeutic or education and research purposes. I also give permission for drawing of a blood sample for serology testing and am willing to share social/behavioural and medical history to facilitate proper screening of the donor for safe transplantation of the organs/ tissues.

5. I hereby bequeath the body to **Advanced Neurosurgery Skills Centre, Department of Neurosurgery, National Institute of Mental health and Neurosciences, Bengaluru**, to be used for Education and research Purposes and with full powers to use it as they deem fit.

Date.....

**Signature**

[near relative /person in lawful possession of the dead body, and address for correspondence]

Place .....

Tel/Mob. No.....

Email: .....

\* in case of the minor the declaration shall be signed by one of the parents of the minor or any near relative authorised by the parent. In case the near relative or person in lawful possession of the body refuses to sign this form, the same shall be recorded in writing by the Registered Medical Practitioner on this Form.

<b>Witness 1</b>	<b>Witness 2</b>
<b>Signature</b>	<b>Signature</b>
Name :	Name:
Relationship:	Relationship:
Address:	Address:

**Co-Ordinator of Body Donation/ In-charge Neurosurgical Skills Center**

Signature:	Signature:
Name :	Name: <b>DR. DWARAKANATH .S</b>
Designation:	Designation: <b>Professor and Head</b>
Department:	Address: <b>Department of Neurosurgery, 2<sup>nd</sup> Floor, Faculty Block, NIMHANS, Bengaluru-560029</b>

**FORM 3**

**FOR UNCLAIMED BODY IN A HOSPITAL OR PRISON**

(To be completed by person in Legal possession of the unclaimed body)

I,.....S/o,D/o,W/o .....

aged ..... Resident of .....

.....having lawful possession of the dead body of Shri/Smt./Km ..... S/o,D/o,W/o .....

..... aged ..... resident of .....

.....and having known that no person has come forward to claim the body of the deceased after 48 hours of death and there being no reason to believe that any person is likely to come to claim the body, I hereby, bequeath the body to **Advanced Neurosurgery Skills Centre, Department of Neurosurgery. National Institute of Mental health and Neurosciences, Bengaluru**, to be used for Education and research Purposes and with full powers to use it as they deem fit.

Dated.....

Place.....

Address:

Tel/Mob. No: .....

Email ID:.....

**Signature**

Name, designation and Stamp of person in lawful possession of the dead body

<b>Witness 1</b>	<b>Witness 2</b>
<b>Signature</b>	<b>Signature</b>
Name :	Name:
Relationship:	Relationship:
Address:	Address:

**Co-Ordinator of Body Donation/ In-charge Neurosurgical Skills Center**

Signature:	Signature:
Name :	Name: <b>DR. DWARAKANATH .S</b>
Designation:	Designation: <b>Professor and Head</b>
Department:	Address: <b>Department of Neurosurgery, 2<sup>nd</sup> Floor, Faculty Block, NIMHANS, Bengaluru-560029</b>



**ACKNOWLEDGEMENT**

(OFFICE COPY)

**(Advanced Neurosurgery Skills Centre, Department of Neurosurgery, NIMHANS, Bengaluru-29)**

Donor No/Registration No: .....

Date: .....

**Select Whichever applicable:**

- 1) Certified that Sh./Smt./Kum..... has bequeathed his/her body to **Advanced Neurosurgery Skills Centre, Department of Neurosurgery, NIMHANS** after death for scientific research & teaching purpose.
  
- 2) Certified that Sh./Smt./Kum..... has donated the body of Sh./Smt./Kum .....to **Advanced Neurosurgery Skills Centre, Department of Neurosurgery, NIMHANS** after death for scientific research & teaching purpose.

**Co-Ordinator for Body Donation:**

**In-charge Neurosurgical Skills Center**

Signature:

Signature:

Name:

Name:

Designation:

Designation:

Mob. No. /Email:

Mob. No. /Email:

-----X-----X-----

**ACKNOWLEDGEMENT**

(DONOR COPY)

**(Advanced Neurosurgery Skills Centre, Department of Neurosurgery, NIMHANS, Bengaluru-29)**

Donor No/Registration No: .....

Date: .....

**Select Whichever applicable:**

- 1) Certified that Sh./Smt./Kum..... has bequeathed his/her body to **Advanced Neurosurgery Skills Centre, Department of Neurosurgery, NIMHANS** after death for scientific research & teaching purpose.
  
- 2) Certified that Sh./Smt./Kum..... has donated the body of Sh./Smt./Kum .....to **Advanced Neurosurgery Skills Centre, Department of Neurosurgery, NIMHANS** after death for scientific research & teaching purpose

**Co-Ordinator for Body Donation:**

**In-charge Neurosurgical Skills Center**

Signature:

Signature:

Name:

Name:

Designation:

Designation:

Mob. No. /Email:

Mob. No. /Email: