



MOKSHA

(Voluntary Body Donation)

MAHATMA GANDHI MEDICAL COLLEGE & RESEARCH INSTITUTE
Pondicherry-Cuddalore Main Road, Pillaiyarkuppam, Pondicherry-607403

E-mail: moksha@mgmcri.ac.in, website: www.mgmcri.ac.in



APPLICATION FOR VOLUNTARY BODY DONATION

Name of the Donor: Age: Sex:
Address:
.....
Mobile No: Email ID:

Affix Passport
size photo of
Voluntary Body
Donor

DECLARATION

I..... Hereby make this as my last **WILL** regarding the disposal of my body after my death, thereby revoking all other Wills and Codicils hitherto made by me in context here to.

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 body, after my death, to my next of kins and other members of my family and they have no objection to such donation of my body after my death for the said cause.

I declare that I have no history of Hepatitis / HIV or any contagious disease.

At present, I am **not suffering** / **suffering** from Hypertension / Diabetes Mellitus..... Years.

Immediately after my death, Mr. / Mrs..... S/o, D/o, H/o, W/o of residing at (full address).....

..... Mobile No:..... whose signature is given below shall be responsible for informing the hospital authorities for handling over of my dead body.

I hereby, by this **WILL** will, bequeath my body after death to MOKSHA of Mahatma Gandhi Medical & Research Institute, Pillaiyarkuppam, Puducherry – 607 403, absolutely with full powers to use for the educational & research purpose and to dispose the remains of it and appoint the Dean of the said Institute as the Executor.

Signature of lawful relatives
(Name in CAPS)

Signature of Donor
(Name in CAPS)

Witness 1:
(Signature with Name in CAPS)

Witness 2:
(Signature with Name in CAPS)

Enclosure:

1. Aadhar card of Donor.
2. Aadhar card of Lawful relatives.



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APPLICATION FOR THE RELATIVES OF THE DECEASED

Name: Name in CAPS Age: Sex: ...

Address:

.....

Mobile No:..... .Email ID:

Name of Deceased: Name in CAPS

Age: Sex:

Relation to Deceased: Father/ Mother / Husband/ Wife

Affix Passport
size photo of
Voluntary Body
Donor
(Deceased)

DECLARATION

I lawful relative of the deceased Mr. / Mrs. hereby would like to fulfill their last **DESIRE/ WILL/ WISH** to donate the body of my father/ mother / husband/ wife to the **MOKSHA** (Voluntary Body Donation) of Mahatma Gandhi Medical College & Research Institute and Shri Sathya Sai Medical College & research Institute for educational and research purpose.

I declare his / her desire of donating the body after death, to his / her next kin and other family members have no objection in such a Voluntary Body Donation.

I declare that he / she had no history of Hepatitis / HIV or any contagious disease.

I declare am wholly held responsible for the above Voluntary Body Donation and I hereby declare that all the particulars furnished in this application are true, correct and complete to the best of my knowledge and belief. And MOKSHA of Mahatma Gandhi Medical College & research Institute, Puducherry absolutely with full powers to use for the educational & research purpose and to dispose the remains of it and appoint the Dean of the said Institute as the Executor.

Signature of lawful Relative
(Name in CAPS)

Witness 1:
(Signature with Name in CAPS)

Witness 2:
(Signature with Name in CAPS)

Enclosure:

1. Death Certificate
2. Aadhar card of Deceased
3. Aadhar card of Lawful relatives
4. Affidavit of lawful relatives