



ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL

Saket Nagar Bhopal MP 462 024

DEPARTMENT OF ANATOMY

DONOR REGISTRATION FORM

Name & Address of the Donor

Date of Birth/Age-----

Contact No:-----

Two stamp size
photo

To,

Donor Registration No:-----

The Professor & Head

Department of Anatomy AIIMS Bhopal (M.P.)

Tel: 0755-2672313 Mob:8989209454,8989209455

Sir/Madam,

I desire to donate my entire body after my death to the Anatomy Department, AIIMS Bhopal (MP) for study and educational purpose.

I wish to donate my eyes after death . I will inform the EYE Bank accordingly.

Thanking you

Yours Sincerely

Donor's Signature

Consent from near relatives

No.	Name /Address/Phone/Email	Relation	Signature
1.			
2.			
3.			

N.B. Close Relation-Father ,Mother, Husband, Wife, Son, Daughter, Brother, Sister etc.

N.B.: Submit the following documents with the donated body

1.Xerox copy of death certificate.

2.Covering letter with sender's name and address.

3.If possible Registration number given by Anatomy department.