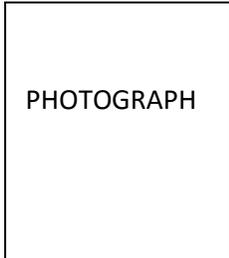


FORMAT FOR APPLICATION

To

The General Secretary,
Deh Dan Samiti,
Himachal Pradesh,
Shimla- 171001.



Subject:- BODY / ORGAN DONATION

Dear Sir,

(1) I wish to donate after my death, my whole body for the purpose of teaching and research in Medicine and Dental Institutes of Himachal Pradesh and my organs for transplantation in the cause of humanity. The following are the necessary particulars:

Name _____ Age _____ Sex _____

Father's /Husband Name _____

Date of Birth _____

Address _____

_____ Pin _____

Occupation _____

Mobile No. _____ Phone No. (Residence/Office) _____
e-mail _____

(2) Do you wish to donate your whole body/organs for transplantation.

(3) You need to have two witness of the will. One of the witnesses should be a near relation namely from amongst Parents, Spouse, Children, Brother and sister.

1st witness

Name _____

Signature

Complete Address _____

2nd witness

Name _____

Signature

Complete Address _____

DRAFT OF WILL

I _____ s/o, d/o _____

R/O _____ do hereby make and declare at

This D_____ M_____ Y_____. This to be my last will and testament.

- (1) My body is most precious instrument given to me by the God to serve the humanity and particularly country men. I would consider it very fortunate if my body is put to good use ever after my death.
- (2) I have given a serious thought to this matter and have discussed this with my family and friends. I make the following bequeathments in sound health, after forming a considered opinion reached after prolonged thinking.
- (3) (a) I hereby bequeath and donate, after my death my whole body for purposes of teaching and Research in Medical Colleges/Dental Colleges of Himachal Pradesh.
- (b) I hereby bequeath and donate after my death my Eyes, Liver, Kidneys and in case brainstem death my Heart for transplantation to any needy person(s). This authority shall also be considered as authority under Section-3 of the transplantation of "Human Organs Act" 1994. This donation and authorization is irrevocable.
- (c) This will is limited to purpose of the body donation and shall have no effect on other will/codicil made by me hereto before or subsequent to this will in respect of my other matters.
- (d) I appoint Sh./Smt. _____

R/O _____
As executor of this will. I have signed this will on the day, date and place above written in the presence of witnesses as named below who have signed this will, at my request, in my presence and in the presence of each other as attesting witness.

**Signature
(Name of the person)**

The Executor has signed the above will after reading and understanding its contents in our presence and we sign this as attesting witness here in below at this request in his presence and in the presence of each other on this _____.

Signature of the witness
Name ()
Address

Signature of the witness
Name ()
Address

(4) Name of the Executor who will give effect to your will

Name _____

Address _____

(5) Give 2 stamp size photographs along with application.

(6) In case of any queries, please call at Phone No. **0177-2883501(O)**

DECLARATION

I _____ do hereby declare that the above particulars are true. I give my will to Deh Dan Samiti for the donation after my death the organs for transplantation / whole body for teaching purposes.

Date _____

Signature

For Office use only

1. Date of receipt of form _____

2. Receipt No. _____

3. Donor No. _____

4. Will delivered on _____

Stamp and Signature

IDENTITY CARD

DEH DAN SAMITI, HIMACHAL PRADESH

OFFICE:- INDIRA GANDHI MEDICAL COLLEGE, SHIMLA

Certified that the bearer of this card has pledged to donate his/her body / organs in the cause of Humanity.

(Principal, IGMC)
President
Phone No. 0177-2804251 (O)

(Dr. Anju Partap)
General Secretary
Phone No. 0177-2883501 (O)
9459129470 (M)

Reverse of Identity Card

Identity Card

Sr. No. _____

Name _____

Father's Name _____

Address _____

Blood Group _____

Telephone No. _____

PHOTOGRAPH

Signature of Applicant

CERTIFICATE

DEH DAN SAMITI, HIMACHAL PRADESH

OFFICE:- INDIRA GANDHI MEDICAL COLLEGE, SHIMLA-171001

Ph. – 0177-2804251

Fax – 0177-2658339

“Certificate”

It is hereby submitted that Shri/Smt. _____

Son/ daughter of _____ has on this

day _____ Pledged by “Will” to donate _____

after his/her death in cause of Humanity.

(Principal, IGMC)

President

Phone No. 0177-2804251 (O)

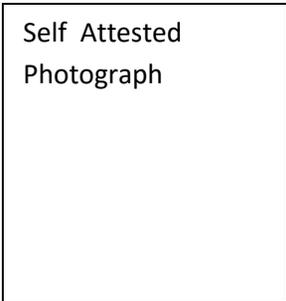
(Dr. Anju Partap)

General Secretary

Phone No. 0177-2883501 (O)

9459129470 (M)

Receipt No.
Donor No.
Date of receipt of form
Will delivered on



Name s/o or d/o
Age D.O.B. Sex Occupation
Address
.....
Phone No. – Res. Mobile
e-mail

Witnesses (Name, Relation and Address)

1st Witness

Name
Relation
Address
.....

2nd Witness

Name
Relation
Address
.....

Sig. of General Secretary

Sig. of President

RECEIPT OF BODY

Cause of death
Place of death
Date & Time of death
Name of Relative & Sig.
Date of receipt of body

Sig. of General Secretary