

Dear Madam/ Sir,

The detail procedure for body donation is as follows:-

Kindly fill the body donation form and get the signature of the nearest relation (Son, Daughter, Wife) at the bottom of the form. Please bring a latest passport size photograph alongwith this form. The documents are as follows :-

1. Self-photograph (passport size) – 01.
2. Family photograph (postcard size) – 01.
3. **Affidavit-1** for body donation by the donor (himself/ herself) to AIIMS, Bhubaneswar on Rs 10/- stamp paper to be notarized (Proforma).
4. **Affidavit-2** by the family members for “No Objection” to the donor’s will for body donation on Rs 10/- stamp paper to be notarized (Proforma).

Request to be present physically in Department of Anatomy alongwith the above documents at the earliest for our further action.

Thanking you.

For any clarification please contact :-

Department of Anatomy, AIIMS, Bhubaneswar
Odisha – 751019
Ph No – 0674-2476261
E mail id – aiimsanatomybbsr2012@gmail.com

1. Dr. Pravash Ranjan Mishra, Professor - 9438884001
2. Dr. Prabhas Ranjan Tripathy, Additional Professor - 9438884002

AFFIDAVIT-1

I, _____, aged about _____ years, son/ daughter/
wife of _____, resident of _____
_____ do hereby solemnly
affirm and state as follows:-

1. That, I am the deponent of this affidavit.
2. That, it is wished that my MORTAL REMAINS (Body after death) be made available to the Department of Anatomy, All India Institute of Medical Sciences, Bhubaneswar to be used in whatsoever way it shall be deemed most beneficial for the advancement of medical education and research.
3. That, I am donating my body to this organization without any pressure from any side as it is my wish and willingness.
4. That, this affidavit is required to be produced before the concerned authority for necessary purpose.
5. That, the facts stated above are true to the best of my knowledge and belief.

Identified by me

Advocate, Bhubaneswar

DEPONENT

DEPONENT

Notary Public, Bhubaneswar

AFFIDAVIT - 2

We (1) _____, aged about ____ years, relation _____, (2)
_____, aged about ____ years, relation _____, (3)
_____, aged about ____ years, relation _____, (4)
_____, aged about ____ years, relation _____,

resident of _____
_____ do hereby solemnly affirm and state as follows:-

1. That, we are the deponents of this affidavit.
2. That, we have no objection of the body of _____ will be donated to Department of Anatomy, All India Institute of Medical Sciences, Bhubaneswar to be used in whatsoever way it shall be deemed most beneficial for the advancement of medical education and research.
3. That, this affidavit is required to be produced before the concerned authority for necessary purpose.
4. That, the facts stated above are true to the best of our knowledge and belief.

Identified by me

Advocate, Bhubaneswar

DEPONENTS

DEPONENTS

Notary Public, Bhubaneswar

BODY DONATION FORM

The following information will be considerable value: -

NAME IN FULL: _____

NAME OF FATHER/ HUSBAND/ GUARDIAN: _____

DATE OF BIRTH: _____, AGE: _____, SEX: _____

OCCUPATION: _____, BLOOD GROUP: _____

CONTACT NUMBER: _____

E-MAIL ADDRESS: _____

PERMANENT ADDRESS: _____

PRESENT ADDRESS: _____

Particulars of the nearest relation who is likely to dispose my mortal remains and who is aware of my wish to donate my body after death to the department of Anatomy, All India Institute of Medical Sciences (AIIMS), Sijua, Dumuduma, Bhubaneswar, Odisha-751019 and with whom a copy of the body donation form is kept.

FULL NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____, AGE: _____, SEX: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

In case of natural death, body should be sent at the earliest (within 8 hours of death) to the department of Anatomy, All India Institute of Medical Sciences (AIIMS), Sijua, Dumduma, Bhubaneswar, Odisha – 751019 during working hours (9.00 AM to 5 PM). If the death occurs after office hour/ holiday other than 9 AM – 5 PM the relatives/ concerned should intimate the staff of Department of Anatomy over phone & work accordingly the mobile No of faculty are, **9438884001 & 9438884002**. The dead body will be accepted only after receiving a death certificate from the competent medical Doctors. To the following numbers during non-working hours:-

Address to whom body should be handed over.

1. The HOD, Department of Anatomy,
All India Institute of Medical Sciences,
Sijua, Dumuduma, Bhubaneswar, Odisha – 751019

NOTE : - After the body handed over to the department a receipt will be issued, signed by HOD, Department of Anatomy, All India Institute of Medical Sciences, Sijua, Dumduma, Bhubaneswar, Odisha – 751019.

Witness (Relationship):-

1. Name _____
Relation _____
Signature _____

2. Name _____
Relation _____
Signature _____