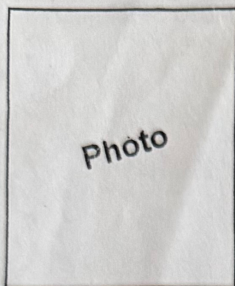


Body Donation Form J.J.



From : _____

Ph.: (R) _____
(M) _____

To,
The Professor & Head,
Department of Anatomy,
Grant Medical College,
J.J. Group of Hospitals,

Date : _____

Mumbai - 400 008. Tel.: 2376 9400 Direct : 2373 5543 / 2373 5555 Ext.: 2302

Dear Doctor,

*I desire to donate my entire body after my death for study and other uses.
Kindly accept the same.*

Thanking You,

Yours faithfully,

Signature

NO OBJECTION FROM CLOSE RELATIVES

We have no objection to donate the Body of Shri /Smt. _____
_____ age _____ after his / her death, for
educational and other purpose at above Hospital.

No.	Name	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.
- 4) Two stamp size Photographs.