

For Office Use Only: Donor No.: _____ Date of Receiving form: _____

FORMAT FOR APPLICATION

To

The General Secretary,
Deh Daan Samiti,
Shri Lal Bahadur Shastri Govt. Medical College,
Mandi - 175021

PHOTOGRAPH

Subject: - BODY / ORGAN DONATION

Dear Sir/Madam,

(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 _____ Blood Group _____

Mobile No. _____ Phone No. (Residence/Office) _____

e-mail _____

(2) My Identification mark is:

(i) _____

(3) Aadhar No./PAN No./Voter Id. Card No. _____

Date: _____

(Signature)

Important Instructions: -

1. Enclose 2 Passport sized photographs (one to be pasted on first page).
2. Copy of identity proof (Aadhar card/PAN Card/Voter Id Card or any other document issued by the government).
3. Donor will be issued a 'Donor Identity Card' by the Deh Daan Samiti after the application form is processed and accepted.

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 countrymen. 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, and 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. _____ (Relation) _____

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 donor 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 _____
_____ (date and place).

Signature of the witness
Name (_____)
Address

Signature of the witness
Name (_____)
Address

Witnesses: (One witness should preferably be either a Parent or Spouse or Sibling or Child)