



**BODY DONATION FORM**  
(For voluntary Donation of Human body after  
Death for Medical Education and research)

Body Donation Registration No.: \_\_\_\_\_

**1. PERSONAL DETAILS OF THE DONOR**

**Full Name:**

\_\_\_\_\_

**Date of birth:**

\_\_\_\_\_

**Age:** \_\_\_\_\_

**Gender:**    Male    ☐ Female    ☐ Other    ☐

**Occupation:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Pin Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Passport Photo

**2. IDENTIFICATION DETAILS:** (Aadhaar ID No) \_\_\_\_\_

### 3. DECLARATION BY THE DONOR

**I, (Full Name)** \_\_\_\_\_

Being of sound mind and free will, hereby voluntarily pledge to donate my body after my death to **The Oxford Medical College, Hospital and Research Centre** for the purpose of Medical Education and Research.

I have fully understood the purpose and implications of this donation. I have informed my family members / executor of my wish, and I authorize the institution to take possession of my body immediately after my death without any legal hindrance.

I understand that my body may be used for dissection, research, and/or other educational purpose, and that the institution may respectfully dispose of the remains after use, in accordance with applicable laws and ethical standards.

**Signature of Donor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 4. WITNESSES

We, the undersigned, certify that the above donor signed this declaration in our presence and appeared to be of sound mind and acting voluntarily.

Name of Witness	Address	Signature/Date

### 5. CONSENT OF THE FAMILY MEMBER

**I, (Name)** \_\_\_\_\_

**Being the (relationship)** \_\_\_\_\_ of the donor, confirm that I am aware of and respect the donor's wish to donate his/her body after death for medical education and research.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_