

**AIIMS CADAVERIC SURGICAL SKILLS TRAINING (ACSST)
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Form for Application for Donation of Human Dead Body**

SECTION A : INFORMATION OF THE DECEASED :

1. Name of the deceased :
2. Son/ daughter/ Wife of :
3. Gender :
4. Age at the time of death :
5. Nationality :
6. Profession address of the deceased:
-
7. Permanent address of the deceased:
8. Time & Date of death :
9. Address of the place of death :
10. Cause of Death :
.....
11. Whether Accidental death :
12. Status of death
Autopsied/ non-autopsied :

SECTION B: INFORMATION OF THE APPLICANT

1. Name:
2. Address of the applicant:.....
3. Relation with the deceased:
4. Any specific disease that the deceased
suffered From, known to me :

SECTION C : UNDERTAKING BY THE APPLICANT

I, _____ Son/ Daughter/ Wife of _____

Aged _____ resident of (Full Address _____

having lawful possession of the dead body of Sh./Ms.

_____ Son/Daughter/ Wife of Sh./Ms. _____

aged _____ resident of _____

declare that the said deceased has not expressed any objection to his/her whole body being donated for teaching/research purposes after his/her death and I also have reason to believe that no near relative of the said deceased person has any objection to his/her whole body being used for teaching/ research purposes.

I, hereby declare that :

1. The body has been identified by me
2. No foul play is suspected in this case
3. The information given here is correct and no relevant fact has been concealed.
4. I understand that embalming will be done at our risk and responsibility.
5. I shall not hold the department of Anatomy/ Institution responsible for consequences arising directly or indirectly out of process of body donation.
6. I understand that institution/ department of Anatomy has the discretion to accept or decline the donation.
7. I have no objection if the institution informs the Police.

Witness (Close relative) :-

1. Signature :

Name :

Address :

Phone :

2. Signature :

Name :

Address :

Phone :

List of name of near relatives who are spouse, parents and siblings of the deceased :

1.

2.

3.

4.

Signature of Applicant

Date

Place

Paper to be submitted at the time of donation

1. Photo Identity proof of the deceased

2. Photo Identity proof of applicant

3. Death certificate issued by registered medical practitioner