DEPARTMENT OF ANATOMY DR. RKGMC, HAMIRPUR

<u>Voluntary Donation of body by a person to the Department of Anatomy as per the H.P.</u> <u>Anatomy Amendment Bill, 2010</u>

INSTRUCTIONS:-

- 1. Any person at any time before his death can express an intention in writing (Declaration Form) in the presence of two or more witnesses that his body be given to an approved institution for being used after his death for the purpose of conducting anatomical examination and teaching and research purpose.
- 2. The legal heir of a deceased person may also donate the body for the purpose specified in this Act.
- 3. Dead body donation cannot be accepted in following conditions (even after the filling of declaration forms) :
 - a) Accidental cases.
 - b) Suicidal/homicidal cases.
 - c) After postmortem examination.
 - d) If near relatives have reasons to believe that an inquest or postmortem examination of such body is required.
- 4. Documents to be submitted at the time of presentation of will/declaration:
 - a) Declaration form along with passport size photograph.
 - b) No objection certificate for donation of body after death from legal heir of donor.
 - c) Identity proof of donor (Aadhaar card) .
- 5. Documents to be submitted at the time of handing over the body by legal heir/relatives to the Department Of Anatomy, Dr. RKGMC, Hamirpur:
 - a) Copy of information and permission from Executive Magistrate of area for the removal of body.
 - b) Death certificate by registrar medical practitioner who attended such person during the illness whereof he died or, if no such practitioner attended such person during illness then by a registered medical practitioner who shall be called in after death of such person to view his body and who shall state the manner and cause of death accordingly to the best of his knowledge and belief.
 - c) Copy of information from the area police station in-charge regarding no objection for donation of body to the medical college.
 - d) Consent and identity proof of legal heirs present at the time of handover of body to the department after death.
- 6. For the donation of the body required declaration form etc. and information can be obtained from department of Anatomy, Dr. RKGMC, Hamirpur.

CONTACT NO:-Dr. Kavita Nanda -98828-19282.Dr. Harvinder Singh -94184-63252.TIMING:- 10AM TO 4PMDr. Parveen K.Sharma-94184-70907.

GUIDELINES AND INSTRUCTIONS TO THE DONOR AND NEAR RELATIVES

- 7. The legal heirs or near relatives may be requested to intimate the death of the donor to the Dean/Superintendent/Resident Medical Officer/ department of Anatomy, Dr. RKGMC, Hamirpur.
- 8. The body of the said donor after death should be transported without lapse of time (preferably within 24 hours) to the concerned Government Medical College/ Government General Hospital.
- 9. The said body should be accompanied by a death certificate issued by a competent authority clearly indicating the cause and time of death.
- 10. The body will be received on all working days from 9:30 am to 3:30 pm at the Department of Anatomy. During non-working hours and holidays the body can be kept in the mortuary of the hospital on necessary request to the Resident Medical officer of the hospital and the same intimated to the Department of Anatomy at the earliest opportunity.
- 11. The death should be natural and/or naturally occurring diseases. The body will not be accepted in cases of Medico-legal issues, suicide and poisoning.
- 12. For the donation of the body required declaration form etc. and information can be obtained from department of Anatomy, Dr. RKGMC, Hamirpur.
 <u>CONTACT NO:-</u> Dr. Kavita Nanda -98828-19282.
 TIMING:- 10AM TO 4PM
 Dr. Parveen K.Sharma-94184-70907.

DECLARATION FORM FOR VOLUNTARY BODY DONATION OF DONOR

			PHOTOGRAPH
Ι	_Age	_Sex	(DONOR)
S/o,D/o,H/o,W/o			
Resident of			
			a = -i h

Under fully conscious & fit state of health hereby I declare with the consent of my family member ______ whe have signed & countersigned below as witnesses and hereby of pledge to donate voluntarily my complete body along with all organs after my death for academic purpose of anatomical study and research, (Under H.P. Anatomy Act Amendment 2010). I authorize medical authority of Anatomy department Dr. RKGMC Hamirpur to take possession of my body after my death.

1. I authorize and request my legal heir and relatives to donate my body after my death to the department of Anatomy, Dr. RKGMC, Hamirpur.

Signature of Donor

Name	
Address	

Contact No.

1. Witness

Signature	
Name	
Address	
	,
Contact No.	

2. Witness

- 3. Signature_____
- 4. Name_____
- 5. Address_____
- 6. Contact No._____

NO OBJECTION CERTIFICATE OF LEGAL HEIR OF DONAR FOR PURPOSE OF VOLUNTARY BODY DONATION

I		Age	Sex	S/o,D/o,H/o,
W/o,B/o,S	S/o	Resider	nt of	
			under fully con	scious & fit state of
health her	eby declare that	I am legal heir of (Donor)		
Age	Sex	S/o,D/o,H/o,W/o		
Resident of		0,0,0,0,110,0,00		who
have sign	ed & pledge to de	onate voluntarily his/her comp	olete body after his	/her death for
		omy department(under H.P. A		
no objecti	on		•	

regarding his/her will for the donation of his/her body to the Department of Anatomy, Dr. RKGMC, Hamirpur.

Legal heir(Relation)_____

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Signature		
NI		

Name_____ Address_____

Contact No.____

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Signature Name
Name
Address

Contact No._____

2. Witness

Signature	
Name	
Address	