



Govt. of Karnataka

BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE

[An Autonomous Institute of Govt. of Karnataka]

K.R. Road, Fort, Bengaluru – 560 002.

☎: 080-2670 0810, ☎: 080-2670 4342.

E-mail: director_bmcric@yahoo.co.in Web: www.bmcric.org

DEPARTMENT OF ANATOMY



Date:

To

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Dear.....,

We are in receipt of your request dated Informing us about your generous offer to donate your body after demise to the Department of Anatomy, Bangalore Medical College & Research Institute, Bangalore, towards the cause of Medical Education and Research.

Your (Donor) Registration No. is

We accept this donation most respectfully. We gratefully acknowledge your sense of commitment to the cause of Medical Education and salute your brave and dedicated involvement in this field. We pray to God, the Almighty, to give you and your family members the choicest blessings for good health, long life and happiness.

Please note that the following officers can be contacted by you or your relatives for further information on the matter.

1. Director cum Dean, Bangalore Medical College & Research Institute, Bangalore – Telephone: 080 - 26704342 /26701529.
2. Superintendent, Victoria Hospital, Bangalore. Phone No: 080 – 2670 3320.
3. RMO Victoria Hospital, Bangalore Phone No: 080 - 26701150, 26703320.

4. Prof. & HOD of Anatomy, BMCRI. Bangalore-Phone No: 080 - 26701529 extn.26 or 26704342.
5. Prof. and HOD of Forensic Medicine, Victoria Hospital, Bangalore – Phone: 080 - 26701150 extn.217, 218 & 22917844.

Kindly fill up the enclosed forms:

- Form I Donor Application Form.
- Form II Details of the Body Donor.
- Form III Consent/No Objection from near relatives/legal guardian.

These documents must be posted/handed over to the Prof. and Head of the Department of Anatomy, Bangalore Medical College & Research Institute, Bangalore 560 002, Tel. No Off: 080 – 26704342/26701529 extn.26. Kindly keep one copy of this document for yourself. Also find enclosed a Wallet Card to be retained and carried on your person always for identity as a DONOR.

If further information is needed, please feel free to write or meet any staff member in the department during office hours with prior appointment.

Thanking you,

Yours sincerely,

Prof. & HOD of Anatomy
Bangalore Medical College &
Research Institute,
Bangalore.

FORM I

DONOR APPLICATION FORM

Registration No (to be allotted by the Institution)

To
The Professor and Head,
Department of Anatomy,
Bangalore Medical College &
Research Institute,
Fort, K.R. Road,
Bangalore - 560 002.

Sir/Madam,

I, Mr./Mrs./Ms.....
born on aged.....years W/o/ H/o/ S/o/
D/o..... (Please fill in detail as applicable and delete
the rest) wish to donate my body after my death (if medically acceptable) to the Department of
Anatomy, Bangalore Medical College & Research Institute, Bangalore, for Teaching/Research
purpose.

I declare that at the time of writing this donor application form I am in sound mental health and I propose to donate my body voluntarily, in order to serve humanity. I understand that my body will be used for the purpose of Medical Education and Research and I have no objection what so ever for this utility. I am not seeking any gains, monetary or otherwise in this donation. I am also not appending any condition, binding on Bangalore Medical College & Research Institute in offering this donation. I understand that this voluntary donation is permitted by the Karnataka Anatomy Act (Amendment) 1998.

I have not made any declaration so far to the effect of donation of my dead body to any other agency/medical institution till date.

I have agreed to donate/not donate my eyes already. (If yes, please give details of the eye-collecting agency).

I have informed my near relatives regarding this. They have no objection and **"No Objection Certificate"** for the same is enclosed together with the details. I have given instructions to them that after my death they should hand over my dead body (as soon as

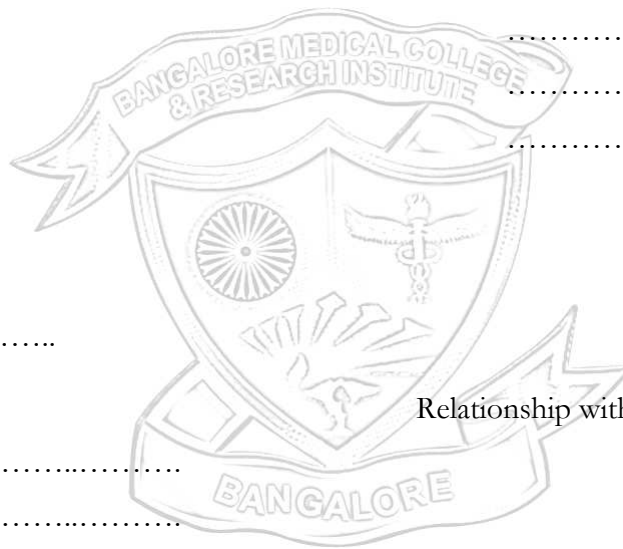
religious ceremonies are over) to the Department of Anatomy, Bangalore Medical College & Research Institute, Bangalore-560 002.

Thanking you,

Yours sincerely,

(Signature of the Donor)
Name & Address

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Witnesses

(1)
Signature
Name and Address

Relationship with Donor.....

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.....

(2).....
Signature
Name and Address

Relationship with Donor.....

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FORM II

DETAILS OF THE BODY DONOR

Registration No	Date:
1. Name of the Donor	
2. Sex	Male/Female
3. Age	
4. Two Identification Marks	(1)
	(2)
5. Marital Status.	Married/Unmarried
6. Educational qualification.	
7. Employment details: Employed/unemployed/House wife/Retired/Own Business.	
8. Source of this donation information.	
9. Designation and Office address with Phone No.	
10. Present residential address with Phone No.	
11. Permanent residential address if it is different from the present address:	
Kindly provide 2 Recent Passport size photograph & 2 Stamp size Photograph.	
Donors Signature	

FORM III

CONSENT/NO OBJECTION CERTIFICATE

Dated:

This certificate is to be issued by one or more of the following

- Near relations of the deceased (as may be applicable)
- WIFE/HUSBAND/SONS/DAUGHTERS/GURDIAN/HEIRS

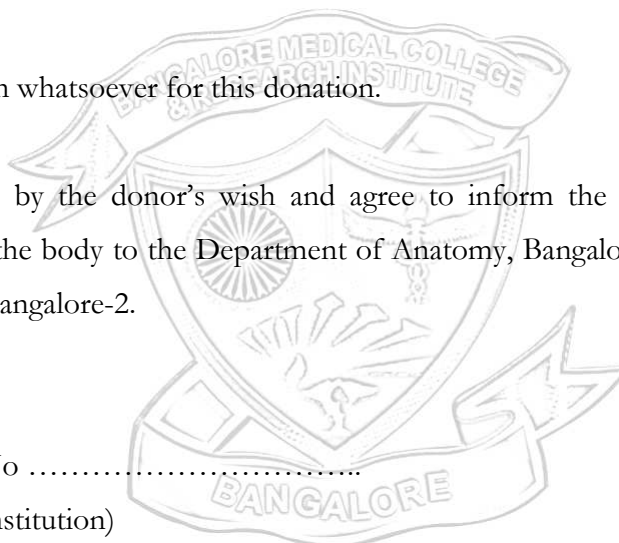
I/We the undersigned individuals solemnly affirm and declare as under:

I/We have no objection whatsoever for this donation.

I/We declare to abide by the donor's wish and agree to inform the Head of Dept. of Anatomy and transfer the body to the Department of Anatomy, Bangalore Medical College & Research Institute, Bangalore-2.

Donor's Registration No

(to be allotted by the Institution)



Date:

Signature/s.

Place:

Name and address of each of the signatories together with phone and fax numbers.

Mention the relationship to the Donor.

Information on Body Donation:

**DEPARTMENT OF ANATOMY,
Bangalore Medical College & Research Institute, Bangalore-2.
Phone No: 080 6704342/6701529.**

A dead body begins to decompose by 6 to 8 hours after death. After 24 hours the utility of the body for purposes of Medical Education and Research is limited. Hence the Department will be grateful if the kith and kin/relatives/friends of the deceased can arrange to reach the body to the department within 8 to 10 hours after death. We will embalm the body (chemical preservation) to prevent further deterioration of the body due to decomposition. No precondition for body donation will be entertained by the institution since we would like to encourage only voluntary body donation. The body can be brought to the Department of Anatomy, Bangalore Medical College & Research Institute, Bangalore between 9 AM to 4 PM on all working days. The body can be brought to the department of Forensic Medicine, Victoria Hospital, Bangalore beyond working hours between 4 p.m. to 9 am the next day and general holidays.

The following documents must accompany the dead body.

1. Death Certificate from a Registered Medical Practitioner.
2. Consent/No objection from the near kith and kin/relative/guardian if it has not been already sent.

In case one wishes to donate their eyes, steps should have been taken by the kith and kin for the eyes to be removed within 2 to 4 hours after death. Thereafter, they may send the body to the Anatomy Department.

Note: Voluntary body donation to a medical college for purposes of serving Medical Education and Research is now permitted by the law of the land wide the Karnataka Anatomy Act 1957 and the Karnataka Anatomy (Amendment) Act 1998.
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