

AFFIDAVIT-A

(By Donor)

(To be filled in Non Judicial stamp paper)

I, _____, aged about _____ years, son/daughter/wife of
_____ resident of _____ do hereby

solemnly affirm and state as follows:

1. That, I am the deponent of this affidavit.
2. That, it is wished that my MORTAL REMAINS (Body after death) be made available to the Department of Anatomy, All India Institute of Medical Sciences, Mangalagiri to be used in whatsoever way it shall be deemed most beneficial for the advancement of medical education and research.
3. That, I am donating my body to this organization without any pressure from any side as it is my wish and willingness. I also, declare that I am in complete sanity of mind and deeds.
4. I declare that I have no history of HIV/ Hepatitis or any other contagious disease, as on date.
5. That, this affidavit is required to be produced before the concerned authority for necessary purpose.
6. That, the facts stated above are true to the best of my knowledge and belief.

Identified by me

Advocate, Mangalagiri

DEPONENT

Notary Public, Mangalagiri

Date:

Place:

AFFIDAVIT-B
(By Relatives)
(To be filled in Non Judicial stamp paper)

We,

- 1) _____, aged about ____ relation, _____
- 2) _____, aged about ____ relation, _____
- 3) _____, aged about ____ relation, _____
- 4) _____, aged about ____ relation, _____

residents of _____ do

solemnly affirm and state as follows:

1. That, we are the deponents of this affidavit.
2. That, we have no objection for the body of _____ aged about _____ years, son/daughter/wife of _____ resident of _____ to be donated to Department of Anatomy, All India Institute of Medical Sciences, Mangalagiri to be used in whatsoever way it shall be deemed most beneficial for the advancement of medical education and research.
3. That, this affidavit is required to be produced before the concerned authority for necessary purpose.
4. That the facts stated above are true to the best of our knowledge and belief.

Identified by me

Advocate, Mangalagiri

DEPONENTS

Notary Public, Mangalagiri

Date:

Place:



All India Institute of Medical Sciences Mangalagiri, Andhra Pradesh
Department of Anatomy

UNDERTAKING BY THE APPLICANT

_____ Son/Daughter/Wife of _____ Aged
_____ resident of _____ 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 and research purpose after his /her death and I affirm that no near relative of
the said deceased person has any objection to his 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 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.

Name of Applicant -

Signature of Applicant –

Address and contact details