



# ALL INDIA INSTITUTE OF MEDICAL SCIENCES MANGALAGIRI

Form No:.....

Date: .....

## VOLUNTARY BODY DONATION FORM

To  
The Professor and Head,  
Department of Anatomy,  
AIIMS, Mangalagiri  
Andhra Pradesh-522503

Passport  
Size  
Photograph

I ..... S/o, D/o, W/o .....  
Resident of .....  
aged..... , am willing to voluntarily donate my body, after my death to the Department of Anatomy  
All India Institute of Medical Sciences (AIIMS), Mangalagiri , for medical education & research purpose.

I desire that, my next of the kin and member of my family, who will be present at the time of my death,  
will donate my body to Dept. of Anatomy, All India Institute of Medical Sciences, Mangalagiri on my  
behalf. Accordingly they will inform Department of Anatomy, All India Institute of Medical Sciences,  
Mangalagiri regarding my death.

1. Witnesses Signature \_\_\_\_\_

(Applicant Signature with full name)

Full Name -----

Full address with Contact No.

Address \_\_\_\_\_

Contact No. ....

2. Witnesses Signature \_\_\_\_\_

Applicant identification marks

Full Name \_\_\_\_\_

1. \_\_\_\_\_

Address \_\_\_\_\_

2. \_\_\_\_\_

Contact No. ....