GENERAL INFORMATION
ON
BODY DONATION
&
BODY DONATION FORM

DEPT. OF ANATOMY
ARMY COLLEGE OF MEDICAL SCIENCES
NEAR BASE HOSPITAL,
DELHI CANTT.
NEW DELHI - 110010
GENERAL INFORMATION-BODY DONATION

As per the Delhi Anatomy Act any person can donate his/her body after death to an approved institution for medical education or research including anatomical dissection by a written declaration signed in the presence of a witness during his lifetime or expressed orally during his last illness in the presence of two or more witnesses.

No permission is required from Police/Coroner provided a certificate is issued by a Registered Medical Practitioner showing cause of death as natural without any ambiguity is handed along with the dead body.

The person who is desirous of donating the body should:
1. Fill in the Will form for body donation and send one copy to the Dept. of Anatomy.
2. It is incumbent on relatives to honour the desire as expressed in the Will form of donation and render a written consent.
3. After death, a certificate each should be obtained from Registered Medical Practitioner and Grampanchayat/Municipality/Corporation, as early as possible before bringing the body to the department.
4. If notification is given the college will arrange for the transportation from residence. We within Dead body should be brought to the Department during the day. Please avoid bringing the body during the night hours as it entails administrative difficulties beyond our control.

The Department would receive the body:

a). During working hours: Mon, Tue, Thu & Fri – 0830 to 1630 hrs.
   Wed & Sat – 0830 to 1330 hrs.
   Contact No- 011-25687642, 25687644

b). After working hours please contact
   Col MS Ahuja, Prof & head, Dept of Anatomy, ACMS on 09823805844 or
   Dr Shalfaly Madan Rustagi, Associate Professor Anatomy– 08376063069 or
   Lt Col Rahul Jha, Assistant Professor Anatomy – 08383942782

(M S Ahuja)
Col
Prof & HoD
ACMS,
THE WILL FORM FOR DONATION OF BODY AFTER DEATH

All my legal heirs, beloved, relatives and friends present at the time of my demise, I, Mr/Mrs/Miss______________________________
Address_________________________

hereby express my desire and consequently give in writing that after my death, my dead body be donated to the Department of Anatomy, Army College Of Medical Sciences, New Delhi - 10

I further express that I have no objection in my body being used for dissection, research or any other essential purposes.

Will form signed on ____________________ day of _______ Twenty hundred_______________________

Signature of Donor

The above Will form is signed in the presence of:

1. Name: ____________________________
   Address: ____________________________
   Signature ____________________________
   (Relationship) _______________________
   Mob No - ____________________________

2. Name: ____________________________
   Address: ____________________________
   Signature ____________________________
   (Relationship) _______________________
   Mob No - ____________________________

Distribution:
1. Copy to the Dept. of Anatomy, Army College Of Medical Sciences, New Delhi
2. Copy with the relatives

Note: Certificates needed with the body –
1. Certificates of natural death signed by a Registered Medical Practitioner/Hospital.
3. Consent form from next of kin.
CONSENT OF NEXT OF KIN FOR DONATION OF BODY AFTER DEATH

I ________________________________ (relation with deceased)
__________________________________ resident of
__________________________________

________________________________ being the next of kin of
________________________________ have no objection in donating the body of
________________________________ to Army College of Medical Sciences for Academic and Research purposes.

Signature
Name of Next of Kin
Address
Date
Mob no -
Place

The above form is signed in the presence of:

1. Name: ____________________________________________
   Address: __________________________________________
   _____________________________________________
   _____________________________________________
   Signature
   (Relationship)

2. Name: ____________________________________________
   Address: __________________________________________
   _____________________________________________
   _____________________________________________
   Signature
   (Relationship)
HANDING TAKING OVER CERTIFICATE

It is certified that the body of ________________________________ has been taken over by the Department of Anatomy, Army College of Medical Sciences, Delhi Cantt, on the ____________day of (month)_________ (year)______ for educational and research purposes as per the consent given by the next of kin.

Handed over by next of Kin:       Signature
Name
Address

Taken over by                   Signature
Name
Address

COUNTERSIGNED