



Photograph

Department of Anatomy

All India Institute of Medical Sciences (AIIMS), Bathinda

WILL FORM FOR DONATION OF BODY TO AIIMS, BATHINDA

Whereas I _____ son/daughter/wife of
_____ Age _____ Years, Sex _____ Resident of (full postal
address) _____

_____ Presently working
as _____ want to make my last Will in respect of disposal of my dead
body after death, thereby revoking all other wills and codicils heretofore make by me in context
hereto . I declare:-

1. This Will does not cover my moveable or immovable property.
2. This Will is my first and last Will regarding the disposal of my body.
3. That I had offered to the AIIMS, Bathinda that after my death, my body would be at the disposal of the institute and now, as that there should be no dispute regarding it and my heirs may not have any objections regarding the disposal of my body. I hereby declare that after my death, my body shall be placed at the disposal of the institute and the institute shall be at liberty to deal with or dispose off or to some other medical Institute, my body in any manner it takes and my heirs and my relatives shall not have any objection to such manner of disposal of my body.
4. If my death takes place at place other than the institute, my heirs shall be responsible for informing the institute about my death and making my body available to the institute within the shortest time.
5. This Will I have made at my free Will and without any pressure of any kind and because I have got first belief that putting of dead body at the disposal of the institute shall be better than consigning the dead body to flames. This is my earnest desire that this Will executed by me is noted upon by all heirs without any reservation. My heirs have no claim of any kind over my dead body. Heirs /responsible parties will not be notified of the time, place or manner of the disposition of a body or any part of a body, or of the final disposition of the remains.
6. It is mandatory for the family to provide death declaration certificate by a registered medical practitioner at the time of body donation.
7. This information may be kept confidential.

I _____ hereby donate my body upon my death to the
AIIMS, Bathinda pursuant to the terms and conditions set forth herein. I adopt these descriptive and
declarative terms and conditions as my own and make them my instructions for the disposition of my
body upon my death. I have read and considered all of the information contained in this Donation
Agreement/will form.

Executed at _____ today the _____ in the presence of witnesses who have signed in my presence

Signature of Donor _____ Dated _____

Name _____ (DOB) _____

Address _____

City/state/Pin _____

Witness:(1)

Signature _____ Dated _____

Relation with donor _____

Name _____ (DOB) _____

Address _____

City/state/Pin _____

Witness: (2)

Signature _____ Dated _____

Relation with donor _____

Name _____ (DOB) _____

Address _____

City/state/Pin _____

***Please submit two extra passport size photos with this form & Copy of Aadhaar card of**

Witnesses

FOR OFFICE USE ONLY

Registration No.