

BODY DONATION WILL FORM

(This form in original be kept with nearest relative and Xerox Copy may be sent to Department of Vydehi Institute of Medical Sciences & Research Centre, # 82, EPIP Area, Nallurahalli, Whitefield, Bangalore - 560 066.)

I, Mr. / Mrs. / Ms.aged S/o / H/o /W/o / D/o with full awareness, want to donate, my body to Vydehi Institute of Medical Sciences & Research Centre, # 82, EPIP Area, Nallurahalli, Whitefield, Bangalore - 560 066, after my death. I authorize my Son / Daughter / Wife / Husband / Nearest relatives who are present at the time of death, to handover the body to the institution. Institution will utilize the body for teaching Medical Teaching & Research purposes.

I am making this declaration with free will understanding it for a noble cause.

Dated:

Signature of Donor (Name and Full address & Phone No.)

1) **Witness No. 1**
(Name, Address & Signature)

2. **Witness No. 2**
(Name, Address & Signature)