



**GOVERNMENT MEDICAL COLLEGE (IIMS),**

Kunnathurmedu (PO), East Yakkara,  
Palakkad - 678013, Ph - 0491-2951010

**DEPARTMENT OF ANATOMY**

**WHOLE BODY DONATION FORM**

Reg. No.: \_\_\_\_\_

Affix Passport size  
photo here

**DECLARATION BY DONOR**

I.....S/o, D/o, W/o.....  
aged.....residing at.....

.....do  
hereby pledge to voluntarily donate my whole body after my death to the Department of  
Anatomy, Government Medical College (Institute of Integrated Medical Sciences), Palakkad,  
Kerala to be used in whatsoever it shall be deemed most beneficial for the advancement of  
medical education, research and related purposes without any prejudice or precondition. I  
understand that the pledges will not, in any way affect any legal claim.

I further declare that this pledge has been made voluntarily with good health and full  
consciousness and not under any pressure. I do hereby undertake the responsibility to inform  
about the pledge to my next of kin/legal heirs about this pledge for smooth execution of the  
process. 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 the Department of Anatomy, Government Medical  
College (Institute of Integrated Medical Sciences), Palakkad, Kerala on my behalf. Accordingly,  
they will inform Department of Anatomy, Government Medical College (Institute of Integrated  
Medical Sciences), Palakkad, Kerala regarding my death.

Identification marks of Donor:

1)

2)

## Declaration by Next of Kin/ Legal heirs

I/we do hereby agree to honor the pledge signed by my/our  
.....(relation) Mr./ Mrs/ Ms.....  
and have no objection to handover his/her dead body after death along with Death Declaration  
Certificate from Registered medical practitioner.

Details of Kin/ Legal heirs						
Sl. No.	Name	Age & Gender	Relation	Address	Contact no.	Signature
1.						
2.						
3.						

Details of Witnesses					
Sl. No.	Name	Age & Gender	Address	Contact no.	Signature
1.					
2.					
3.					

Date:

Place:

Signature of Donor:

Name:

Contact No.:

Email ID:

**Documents and attachments to be submitted along with duly filled form:**

- 1) Recent Photo (Stamp size – 1 no. & Passport size – 2 nos) – 3 nos
- 2) Self-attested copy of Government issued photo-address identity proofs of Donor, relatives and Witnesses (Aadhar card, Voters ID... etc)
- 3) The declaration form with details should be typed and printed on a Bond (stamp) paper worth ₹. 200/- (Rupees Two Hundred Only) and duly signed by the Donor giving voluntary consent for body donation as well as by relatives and witnesses

**Note:** The duly filled 'Whole body donation' form along with necessary attachments may be submitted directly in person to The Office, Department of Anatomy, Government Medical College (Institute of Integrated Medical Sciences), Palakkad, Kerala or by post addressed to:

**Postal address:**

"The Professor & Head,  
Department of Anatomy,  
Government Medical College (Institute of Integrated Medical Sciences),  
NH-47, East Yakkara,  
Palakkad - 678013, Kerala"

**Office Ph:** 0491 2951010

**Email:** gmcanatomy2014@gmail.com

