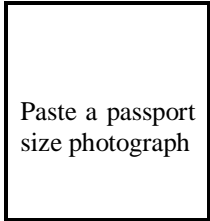




DEPARTMENT OF ANATOMY
INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH
 244B, A. J. C. BOSE ROAD, KOLKATA-700 020 (W.B)
 PHONE NO. (033)-2204-1374

PLEDGE FORM FOR DONATION OF BODY



Registration No. _____ Date _____

I, Shri / Smt. _____
 son / daughter / husband / wife of _____
 aged _____ years (date of birth _____) residing at _____

sign this pledge on this _____ day of month of _____ year _____,
 that after my death to bequeath my body to the department of Anatomy, I.P.G.M.E & R, Kolkata,
 to be used at the discretion of the authority for academic purpose or prejudice or precondition. I
 understand this pledge will not, in any way, affect any legal claim.

This pledge is made freely, voluntarily and without being affected by or forced and after
 due understanding of the consequence of this pledge.

I do hereby undertake the responsibility to inform about this pledge to the jurisdiction
 police station and my next of kin, about the matter for smooth execution of this pledge.
 I also declare that I am free of HIV and Infective Hepatitis.

 (Full signature of the donor with date)

Declaration of Legal Heir

I / we agree to honor the pledge signed by my / our _____ sri / smt.
 _____ and also agree to hand over his / her body after death
 as desired.

<u>Name of next of kin / legal heir</u>	<u>Signature</u>	<u>Relationship with the donor</u>
1. _____	_____	_____
2. _____	_____	_____

Signature of the witness with address

- _____
- _____

(ACKNOWLEDGEMENT CARD)

Registration No. _____

Date _____

Received with thanks, from Sri / Smt. _____
son / daughter / wife/ husband of _____ residing
at _____
_____ a pledge form,
pledging to donate his / her body after death to be utilized by the authority
for academic or such other purpose, without precondition.

Seal

Signature of the Receiving
Officer

IMPORTANT

1. The **Pledge form & acknowledgement card** are to be produced at the time of donation of the dead body at the receiving centre.
2. For **unpledged body donation**, **Annexure** must be submitted by the Legal heir/ Custodian, who is responsible for the said donation.
3. The Anatomy Department I.P.G.M.E & R., will receive the body during office hours i.e. 9 A.M. to 4 P.M and on Saturday 9 A.M. to 1 P.M. Before or after office hours and on holidays the Ward Master of the Morgue of SSKM hospital will receive the dead body.
4. It is preferable that the body should be donated within 6 / 8 hours after clinical death.
5. The body is to be removed to the receiving centre at the cost of the party.
6. One photo ID proof (voter card/PAN card/driving license/passport) of the **deceased** to be produced at the time of body donation.
7. Photo ID proof ((Voter Card/Aadhar Card /Driving License/Passport)) of the **Legal heir/ Custodian**, who is responsible for the said donation, to be produced at the time of body donation.

Annexure

SELF DECLARATION BY CUSTODIAN/LEGAL HEIR FOR UNPLEDGED BODY

This is to certify that, body donation of Shri / Smt _____
son / daughter / husband / wife of _____
aged _____ years (date of birth _____) residing at _____

_____, **made by me**
(Custodian &/ Legal Heir) Shri / Smt _____ resident of

is free, voluntary and without being affected by or forced and after due understanding of the
consequence of this pledge. The concerned department will not be held responsible for any
unforeseen consequences, in future, arising out of this pledge or donation of body, on the part of
the **“next of the kin” or any other family member** of this cadaver.

Date :

Signature of the Custodian &/ Legal Heir